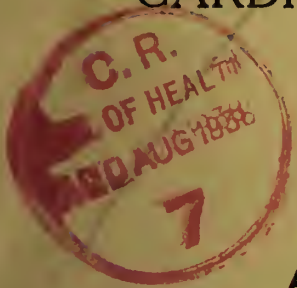
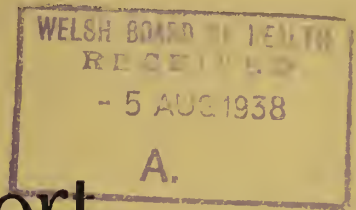


Whitwell

CARDIGANSHIRE COUNTY COUNCIL.



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Annual Report



OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year 1937.

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ERNEST JONES, M.Sc., M.B., Ch.B., D.P.H.
County Medical Officer of Health,
School Medical Officer.



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ERNEST JONES, M.Sc., M.B., Ch.B., D.P.H.
County Medical Officer of Health,
School Medical Officer.

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CARDIGANSHIRE COUNTY COUNCIL.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

County Medical Officer of Health and School Medical Officer	ERNEST JONES, M.Sc., M.B., Ch.B., D.P.H.
Obstetric Consultants:	DAVID ELLIS, M.D., B.S. ABRAHAM THOMAS, T.D., M.B., B.S.
Orthopaedic Surgeon:	N. ROCYN JONES, M.D., F.R.C.S., 40, Newport Road, Cardiff.
Eye Specialist to the County Education Committee:	THOMAS PHILLIPS, M.R.C.S., L.S.A. 100, Harley Street, London.
School Dental Officer:	W. D. PERCIVAL EVANS, L.D.S., R.C.S. (Eng.).
Inspector of Midwives and Superintendent Health Visitor:	Miss M. EVANS, S.R.N., Cert. C.M.B., R.S.I.
Health Visitors and School Nurses (full- time)*:	Miss ADELINE LLOYD, Cert. C.M.B. Miss K. A. WILLIAMS, S.R.N., Cert. C.M.B.
Dental Nurse:	Mrs. S. M. JUDKINS, Cert. C.M.B.
Public Analyst:	JOHN EVANS, F.I.C., 67, Surrey Street, Sheffield.
Aberaeron Hospital: <i>Medical Officer</i> ..	ERNEST LL. DAVIES, M.R.C.S., L.R.C.P.
Medical Officers of Public Assistance Institutions:	EVAN EVANS, M.C., M.B., B.S., M.R.C.S. J. ARTHUR REES, M.B., C.M.
County Maternity Home, Aberystwyth: <i>Matron</i> :	Mrs. A. G. MORGAN, S.R.N., Cert. C.M.B.
Tuberculosis Physician:	J. KENYON DAVIES, M.R.C.S., L.R.C.P.
Public Vaccinators:	JOHN ANDERSON, Pontrhydygroes. DAVID DAVIES, Tregaron. D. LLOYD DAVIES, Cardigan. ERNEST LL. DAVIES, Aberaeron. TREVOR G. DAVIES, Adpar. EVAN EVANS, Lampeter. D. R. T. GRIFFITHS, New Quay. JOHN GRIFFITHS, Llandyssul. T. J. JENKINS, Henllan. THOMAS J. JONES, Borth. J. ARTHUR REES, Aberystwyth. D. A. J. WILLIAMS, Tregaron.

*In addition there are 33 part-time.

Vaccination Officers : ENOCH DAVIES, Lampeter.
 E. CARON EVANS, Tregaron.
 T. ALUN EVANS, Aberaeron.
 THOMAS W. EVANS, Pontrhydfendigaid.
 J. H. JOHNS, Cardigan.
 EVAN JONES, Llanybyther.
 E. EVANS JONES, Aberystwyth.
 IEUAN JONES, Talybont.
 THOMAS MORGAN, Pontrhydygroes.
 D. W. MORRIS, Llangetho.
 ELIAS REES, Henllan.

Cardiganshire Association for the Blind :

Hon. Sec. Miss L. M. CRESSWELL, 9, Sea View Place,
 Aberystwyth (resigned 31/3/38).
 Miss M. EVANS, 56, Portland Street, Aberystwyth
 (as from 1/4/38)

Cardiganshire Association for the Care of
 Cripples :

Hon. Sec. Miss HELEN JONES-PARRY, Tyllwyd, Cardigan.

DISTRICT MEDICAL OFFICERS AND SANITARY INSPECTORS.

<i>District.</i>	<i>Medical Officer.</i>	<i>Sanitary Inspector.</i>
<i>Rural :</i>		
Aberaeron	ERNEST LL. DAVIES.	JOHN JONES.
Aberystwyth (North)	THOMAS J. JONES.	} JAMES HUGHES.
do. (South)	J. ARTHUR REES.	
Cardigan	D. LLOYD DAVIES.	P. A. LLOYD.
Lampeter.	EVAN EVANS.	JOSHUA EVANS.
Llandyssul	TREVOR G. DAVIES.	P. A. LLOYD.
Tregaron.	D. A. J. WILLIAMS.	E. CARON EVANS.
<i>Urban :</i>		
Aberaeron	ERNEST LL. DAVIES.	JOHN JONES.
New Quay.	D. R. T. GRIFFITHS.	do.
<i>Municipal Boroughs :</i>		
Aberystwyth	ABRAHAM THOMAS.	OSBORNE J. EVANS.
Cardigan	SELBY CLARE.	J. P. WILLIAMS.
Lampeter.	EVAN EVANS.	D. J. DAVIES.

Chief Clerk D. OLIVER MORGAN.

PUBLIC HEALTH DEPARTMENT,
 56, PORTLAND STREET,
 ABERYSTWYTH.

THE HEALTH OF THE COUNTY DURING 1937.

Eight hundred and seventy-three persons died in Cardiganshire in 1937: two hundred and fifty-eight of them from heart disease, ninety-one from cerebral haemorrhage, fifty-six from nephritis, forty-five from tuberculosis of the lungs, thirty-five from pneumonia, thirty from influenza, and twenty-seven from bronchitis. More than half the total deaths were caused by the first four diseases which form a group characteristic of middle and old age.

Tuberculosis, the fifth disease in order of magnitude, caused a mortality of forty-five. All who died of this disease were adolescents or young adults of ages between 15 and 40.

Of fifty-one deaths of children under 5 years of age, sixteen were due to congenital debility or prematurity, ten to pneumonia, eight to diseases of the digestive organs, two to whooping cough, two to accident, and the rest to ill-defined disease.

Tuberculosis of the Lungs.

Special attention was directed in 1937 to this subject by the formation of a Parliamentary committee of enquiry into the anti-tuberculosis service in Wales.

A review of pulmonary tuberculosis in Cardiganshire should take account of the conditions of working in the lead mines and the mode of life of the miners.

Mining as it was conducted 50 years ago must have caused silicosis in the workers—a disease which provides a fruitful soil for the growth of the tuberculosis germ. Further, the tuberculous miners, living at home as peasants and sleeping with their families in crowded quarters, must have infected their children. It is necessary to appreciate this in order to assess the relative importance of anti-tuberculosis measures.

Of the large number of mines which up to 50 years ago flourished in North Cardiganshire four were at work as late as 1926. These were Esgairmwyn, near Pontrhydfendigaid, Gwaith Goch, above Pont Llanafan, the Cwmystwyth Mine and Erwtomau, near Devil's Bridge.

Conditions in the different groups of mines varied very little. The miners of Esgairhir and Camdwrnawr lived in the villages of Talybont, Taliesin and Tre'rddol. Every Monday morning they left their homes at 5.30 o'clock with the week's supply of food in their wallets and lived for the remainder of the week in barracks near the mines. Those who worked in the Lisburne, Pontrhydygroes, Frongoch, Esgairmwyn and Cwmystwyth mines returned daily to their cottages or small holdings.

Life in the Barracks.

The men slept two in a bed, with three to six beds in the room. The bed-clothes were grey or coloured blankets which were rarely washed. The men did their own cooking.

The Miners' Homes.

These were small houses, often damp and often badly ventilated. Usually, there was only one or two bedrooms to each house, and more often than not, the tuberculous miner slept in the same room as some of the children.

Food.

Those miners who lived in barracks took with them each Monday morning a large loaf of bread, tea and sugar, a pound of butter, and a small supply of bacon. This fare lasted them the week. Those who lived at home fed on tea, bread and butter, bacon, and "cawl cig moch." Sometimes, on Sunday, fresh meat was eaten, but eggs, cheese, milk, fruit and vegetables, apart from those used in the cawl, were, for the most part, missing from the diet. The food taken by the miners to their work was just bread and butter and cold tea in a tin bottle. The children were no better fed than the parents; it was not uncommon for them to have nothing better at mid-day than a basin of bread with hot tea poured over it—a concoction known as "siencin."

Conditions of work.

The mines were worked in eight-hour shifts; two shifts, and even three, in a day. When one shift followed on another there was no time to ventilate the workings and the newcomers had to work in the dust and smoke created by the blasting and drilling of the previous shift. The ventilation varied from mine to mine. In some, it was particularly bad, and it is stated that at times a candle would not burn. The dust created by the drilling was largely silica, and though no investigations on silicosis in Cardiganshire have been carried out, it must be assumed that this disease was very prevalent amongst the workers. Sometimes, the men were wet through from unpumped water and drippings from the roof.

Length of life of the lead miner.

The Cardiganshire miner rarely lived beyond the age of 45. Some who lived to 55 looked old men; they owed the longer lease of life to the fact that only part of their working life had been below ground.

Character of the men.

All accounts agree that the Cardiganshire miners, as a class, were intelligent, sober, and religious. They spent whatever leisure they had in political, religious, and philosophical study and male voice singing. Thus, alcohol and venereal disease can be ruled out as influences in their illhealth.

Pay.

The miner's earnings were £3 0s. 0d. a month. Sometimes they were a little more, but seldom did they reach £4 0s. 0d. In those days a sack of flour cost £3 0s. 0d. Some of the miners had smallholdings, on each of which a cow might be kept. But from all accounts they were not usually expert gardeners and thus vegetables were not available in sufficient quantities for their needs.

Condition of the Present Inhabitants of the Mining Areas.

"The principal determinant of mortality from tuberculosis is nutrition."

This part of Cardiganshire is a distressed area, and has been so for nearly 50 years. In 1920 an enquiry was made into housing conditions, and in 1926 into food and habits of feeding. The 1926 enquiry revealed the fact that food had changed very little since the mining days. The main diet was tea and bread and butter. Sunday was the only day when fresh meat appeared on the table. Country products such as milk, eggs, garden vegetables and fruit, entered very little into the diet of the people, and the milk-oatmeal foods, once so characteristic of Welsh farm life, were rarely seen even in outlying farms. The garden and its produce had fallen into neglect, and the art of vegetable cooking had largely disappeared. In many villages milk could not be obtained at any price.

The monotonous starchy diet, revealed by this enquiry, must have lowered the resistance to tuberculosis. Not only was it wanting in calcium and vitamins—so necessary to the tuberculous patient—but it actually led to a loss of calcium, because it lacked the balancing effect of butter, milk, and green vegetables.

During the last ten years there has been some improvement in feeding as the result of school teaching and health propaganda. But as things are, a cottager, to feed himself and his family, must grow his own vegetables and keep his own cow or goat. To buy vegetables is beyond his means, and it is quite out of the question for his family to consume a pint of milk per head per day, for that would cost 10/- a week. The consumption of fabricated foods and drinks is therefore very common, and a very large section of the population is living on a diet which is short of those ingredients that protect the body from disease and decay. Some of this bad feeding is due to lack of skill in cooking; some to ignorance of the true nature of much that is advertised as food, and some to the mistaken belief that to keep a cow, or to cultivate a garden, is to disqualify oneself from unemployment benefit or help from other funds.

Feeding on the farm.

The food of the farmer and his family is little better than that of the villager. There is plenty of evidence that from the time of Giraldus Cambrensis up to about 50 years ago, the people of Cardiganshire lived mainly on milk foods, of which there was a large variety made from milk and oatmeal, and on vegetables, which were cooked with meat in the form of cawl. In addition, there was plenty of butter and cheese. There was little or no wheat bread; barley bread or bread made from a mixture of flours was the usual kind. This traditional diet gave place, 40 years ago, to modern food, which contains much white bread, pastry, tea, but very little dairy products and vegetables. The change seems to have occurred when subsistence farming was replaced by business farming whereby the Welsh farmer produced for the English market and bought the food for his household from shops. The deterioration in health which followed the change in food took the form of dental caries, from which the Welsh had hitherto been free, and a type of *achylia gastrica* which shows itself as indigestion, constipation, and a characteristic sallow complexion.

Education of the Villager in Feeding and Cooking.

In 1930 the Chairman of the Cardiganshire Education Committee called a conference of teachers, cookery mistresses, the inspector of schools, and the agricultural organiser, to discuss ways and means of raising the standard of living in the rural districts. The conference emphasised the need to improve cottage cooking, to teach in schools the superiority of natural local foodstuffs and the way to cook them, and recommended the encouragement of cottage gardening and fruit growing. Good results followed from this conference. Many cookery teachers changed their syllabuses ; special cookery classes were organised by some of the Women's Institutes ; there was an increased demand for milk and wholemeal bread.

Housing.

The report on housing in Cardiganshire, published in 1920, revealed the existence of a large number of houses of poor construction, in poor condition, with bad roofs, mud floors, damp walls, and no through-ventilation. Overcrowded sleeping quarters were found to be common. It was not unusual to find little children sleeping in the same room as a tuberculous adult, and sometimes in the same bed. District medical officers had insisted on the danger of droplet infection of infants and had emphasised the impossibility of its prevention when a family of six or more have only two bedrooms to share.

There was a certain amount of building carried out under the Housing Act in the Aberystwyth Borough, and the urban districts of Aberaeron, Cardigan and New Quay. In the rural areas, the Housing (Rural Workers) Acts enabled the County Council to make grants for the reconditioning of country cottages and, up to September 30th, 1937, the number of such houses repaired and made habitable was 171. Even with all this, working-class houses are still very scarce in the boroughs, and there is still much overcrowding, especially of sleeping quarters, both in the urban districts and the rural.

Schools and the Tuberculosis Problem.

The 1926 enquiry into malnutrition in rural districts brought to light the fact that 40% of the school children lived too far away from school to return home at noon. In half the schools of the county 50% of the children stay in school between the morning and afternoon sessions, and in four schools the number reaches 100%. In nearly all cases the children have nothing better to eat and drink than tea and bread and butter, and this was all the nutriment they had from when they left home in the morning, say at 8 o'clock, until they got home in the evening at 6 o'clock. As a consequence of these revelations, cooked mid-day meals were prepared in the most tuberculous districts. At the present time there are 56 schools where the pupils can have a cooked meal at noon. The cost of these meals is borne by local voluntary committees, or the money is collected in the neighbourhood by the head-teachers. No help is received from public funds. Up to the present, the education committee have contributed nothing, but in some instances they have provided equipment, such as plates, spoons, saucepans and stoves. Only in the secondary schools have special kitchens been built.

Before the establishment of school feeding, the children were physically poor, thin and anaemic. At the end of the first year of mid-day feeding a study of the

weekly weight records showed an average increase in body weight $33\frac{1}{3}\%$ higher than that which would have occurred in a normal child from natural growth. The children looked plump and rosy, and they attended more regularly at school.

The existence of these dinner schemes is very precarious, for they depend upon local contributions, and at various times some of them have been temporarily suspended. When this happened, the sudden deterioration in the physique of the children observed at these times threw a strong light on the kind of feeding the children were getting at home. It was impossible to escape the belief that the only good meal that a child was getting was the meal provided in school.

Ignorance of what to buy and how to cook is very widespread amongst the cottagers. They are misled by food advertisements that make unwarranted claims of nutritive values only possessed by natural foodstuffs such as fresh eggs, milk and vegetables.

Since the 1930 conference, however, cookery lessons have gradually improved in the schools to the extent that the lessons are now based on the needs of the rural home, with its small fireplace unable to accommodate a large number of cooking utensils. Though the home feeding is gradually improving, the school meal is still carried on; it is regarded as the principal means of maintaining the resistance of the children against latent tuberculosis infection that might burst into activity at the critical age which starts at 15 years.

Lighting of Schools.

"Tubercle germs are killed by direct sunlight in eight hours; by diffused daylight in eight days; but live for a year in darkness."

In planning and conducting the school medical service, the need to combat tuberculosis in every possible way is ever borne in mind. It is realised that the most effective measures to be taken against that disease are just those that promote general good health. Children are very sensitive to lack of sun, and because of this the Cardiganshire Education Committee is very active in re-building schools and replacing small windows to remedy the lighting defects which were found to be so common when the school buildings were taken over. In some cases, advantage has been taken of the strength of the stone walls to fix steel-frame windows, large enough to give the lighting effect of an open-air school, and designed so as to allow three degrees of ventilation, variable according to the state of the weather.

Wet Clothes.

Bogland and moorland surround many of the upland schools, and many of the roads leading to them are rough and sodden in winter. Since 50% of these children have to walk more than two miles to school, the drying of clothes is a problem, and as none of the schools has special equipment for the purpose, the education committees are providing drying huts where they are needed.

The Tuberculosis Officer and the School Medical Service.

Manifest tuberculosis is not characteristic of the school child. That it is latent in a high percentage is well known; but it is impossible to make certain of its

presence by the methods of examination used in the school routine inspections. Instead of waiting, therefore, until a diagnosis of tuberculosis is justified, all delicate children who show signs commonly associated with early infection, but occurring in other conditions as well, are sent to the tuberculosis officer. These signs are pallor, poor appetite, especially in the morning, and liability to unnatural fatigue. If to those are added tendency to colds and a long-continued cough, the case is regarded as urgent.

Until recently these children were referred to their own doctors, who made arrangements for X-ray examinations at the Aberystwyth, Cardigan or Aberaeron hospitals, or used their own private apparatus. Since the Welsh National Memorial Association has had its own X-ray room, the patients are sent direct to the Association's officer. In this way it is possible to recognise early cases and to get them under treatment at an early stage. Others, in whom the signs are suspicious, but not certain, are sent to Highland Moors to discover the effect of feeding and a hygienic regime. When these latter children return to their homes, they either remain on the treatment list of the tuberculosis officer or are treated as special cases by the school medical officer, who examines them at frequent intervals.

Use of Powers under the Public Health Act, 1936, Section 173, and the Sanitary Officers' Orders, 1936.

All district medical officers send to the County Medical Officer of Health every Monday a list of cases of tuberculosis notified to them during the week. A copy of each list is sent on to the head office of the Welsh National Memorial Association. At the same time, a tuberculosis card and a re-visit card are sent to the health visitor of the district in which a notified person lives. The tuberculosis card is filled in and returned to the office of the County Medical Officer. On the re-visit cards are recorded the visits made by the health visitor to the patient, as well as notes and observations of the case. The health visitor gives advice concerning open windows, the danger of infecting children, and the proper food to eat. If the patient requires nursing as well as supervision, the visitor places him on her special list and treats him as an acute case.

The Tuberculosis Officer and the Health Services.

When the visitor learns of unnotified cases, she informs the County Medical Officer and the Tuberculosis Officer. She accepts orders from the Tuberculosis Officer, acts under his instructions insofar as they relate to tuberculosis, and reports this part of the work to him, as well as to the office of the County Medical Officer.

Public Assistance and Maternity and Child Welfare.

Should help be needed in the form of milk or other food, the visitor sends in a request to the County Medical Officer, who makes application to the Public Assistance Committee, and if there is a baby in the house, it is put under the care of the committee of the nearest maternity and child welfare clinic.

Sanitary Inspectors.

On receiving information of a case of tuberculosis, sanitary inspectors fumigate the dwelling of the patient. Except at Lampeter and Tregaron, they disinfect by

wall-stripping, re-papering and re-painting infected bedrooms. All sanitary officers advise the burning of infected bedding and the steam disinfection of those fabrics that will stand treatment. In three districts, compensation is paid when the patient is poor, to replace the materials destroyed. Steam disinfecting centres exist at Aberystwyth, Cardigan, Lampeter, Aberaeron and Tregaron.

Water Supplies.

The last ten years have seen a large increase in the number of publicly controlled water supplies to the small villages. Previously, such public supplies were only to be found in the towns and larger villages. Even the urban district of New Quay has had its supply only in the last few years. The Aberystwyth Rural District Council, which has quite recently supplied fifty-one villages from local sources, is commencing the big Northern Division Water Scheme, which will enable them to supply most, if not all, of the villages north of the Rheidol.

Aberaeron Rural District Council has just completed eight new schemes and submitted twelve others for the approval of the Ministry of Health.

Teifside Rural District Council has spent, from 1926 to 1937, the sum of £60,000 in bringing water to 36 villages. It has invited tenders for six other undertakings, and has obtained the approval of the Ministry of Health for a further eight.

In the last ten years, Tregaron Rural District Council has constructed three water schemes; at Tregaron, Pontrhydfendigaid, and Llangeitho. This Council proposes to extend the existing supply at Llanddewi Brefi and to make new pipe systems at Ysbyty Ystwyth and Tanygraig if they can obtain financial help. It must be noted that the last named villages are in an area where tuberculosis is heavy. They are still without water in sufficient quantity to allow for the standard of household cleanliness that is necessary to prevent infection of little children by contaminated bedclothes and floors.

Sewerage.

Sewerage systems are not considered necessary in the Aberaeron Rural District, nor in many other rural districts in the county. The commonest type of rural sanitation is the bucket system. But recently there has been a rapidly growing tendency to change over to water carriage sanitation. This latter is the system used almost throughout the towns of Cardigan, Aberystwyth, Lampeter and New Quay. A sewerage system exists at Borth, but a bigger place—Aberaeron—is without. At Tregaron sewage is led through tanks which empty into the river. The other villages of the Tregaron rural district have either incomplete systems or none at all.

In the south of the county, the Teifside Rural District Council has constructed a number of small systems in the villages along the river bank.

The Tuberculosis Officer and the General Practitioner.

In Cardiganshire, consultations between the tuberculosis officer and the general practitioner are easily made, for the clinics of the former are held at the three hospitals of the county, where the doctors attend. This is as it should be, for the family

doctor is still the keystone of the medical service and any schemes which does not allow for that fact will fail in efficiency. When the private personality and professional skill of the Tuberculosis Officer are respected by the family doctors there is a desire for frequent meeting, and the County Council encourages its collaboration by giving the Tuberculosis Officer the use of all the County Council institutions, the maternity home, the county hospital, and the public assistance institutions, so that he may meet the doctor at the bedside of the patient.

The Tuberculosis Officer and the Public Health Service.

It will have been noticed that association between the Tuberculosis Officer and the School Medical Officer is very close. The same cannot be said for the other services. Though the Tuberculosis Officer has the help of the County Council health visitors, and of the sanitary inspectors, when he requires them, and though he has the use of the County's institutions, he makes no report to the County Council direct, and his contacts with the County Medical Officer are accidental and friendly rather than official. For other diseases, infant welfare, care of the blind, mental deficiency, rural housing, and venereal disease, there are sub-committees of the Public Health Committee. But for tuberculosis, the most important disease and the one on which the most money is spent, there is none. Quarterly reports are made to the County Council on all matters of health except on tuberculosis.

If such quarterly reports were made by the Tuberculosis Officer, it would keep before the eyes of the councillors the relationship between housing conditions and tuberculosis, the effect of malnutrition, and the difficult social problems that arise when a wage earner is found to be a sufferer, or a mother of a family has to leave her home for treatment.

With quarterly discussion, new importance would be given to school feeding, housing and other subjects which are closely related to the prevention, treatment and after-care of tuberculosis, and would help to end the dissociation of services existing at the present time.

Tuberculosis is as much a social and economic question as a medical one. There is hardly a branch of the public health service which does not affect it. That being so, it should be brought more fully under the care of the Public Health Committee than it is at present, and the Tuberculosis Officer must be at least as much a servant of the Council as he is of the Association.

Among the evidence given on behalf of the Cardiganshire County Council at a meeting of the Committee of Inquiry into Anti-Tuberculosis Services in Wales and Monmouthshire held at Shrewsbury on Feb. 24th, 1938, was that of Alderman John Morgan, J.P. It is included here because it is evidence of experience of a condition of things which, though now passing away, has left a definite effect on the health of the people of North Cardiganshire.

TYSTIOLAETH YR HENADUR JOHN MORGAN, Y.H.

Yr wyf yn ystyried mai'r rhesymau a ganlyn sydd yn cyfrif am y ffaith fod cynifer o bobl Gogledd Ceredigion yn dioddef oddiwrth y Darfodedigaeth heddyw ac wedi dioddef oddiwrtho yn yr gorffennol.

1. Cyflwr afiach y mwnfeydd.
2. Tlodi a bwyd gwael oherwydd cyflogau isel.
3. Tai gwael a llaith, heb ddigon o le cysgu i'r gwr a'r wraig a'r plant.

Bum yn gweithio yn y mwnfeydd fy hunan pan yn ieuanc, er mai nid fel mwn-gloddiwr, a gwn eu bod yn llaith, yn ddiffygiol a awyr ac yn hollol anghymwys i weithio ynddynt.

Y cyflogau a delid oedd 6g. y dydd i fechgyn, 10g. y dydd i'r merched, a £2 15s. 0g. i £3 0s. 0g. y mis i'r dynion.

Ym mlynnyddoedd cyntaf y mwnfeydd, ychwanegid at y cyflogau hyn drwy gadw tyddynod bychain a chynyrchu wyau, cig moch, ymenyn ac ychydig lysiau at wneuthur cawl. Ond yn fuan iawn rhoddwyd hyn heibio, a chymrodd te a bara eu lle, ymborth gwaelach ymhob ffordd.

Yr oedd y tai mor fychain yn aml fel nad oedd dichon cadw'r plant a'u rhieni ar wahan. Yr wyf yn cofio teulu o wyth yn cysgu mewn dwy ystafell, a byddai bron yr oll o'r plant yn marw yn ieuanc o'r "decad."

Mae cyflwr iechyd y bobl wedi gwella er pan gauwyd y mwnfeydd, ond yn araf iawn. Y rhesymau am hyn yw tlodi, tai a bwyd gwael ac arferion afiach. Mewn ardal lle byddai'r mwnfeydd yn gweithio yr wyf yn byw o hyd, ond er iddynt fod wedi darfod ers blynnyddoedd bellach, eto byw yn debyg iawn i'w tadau mae'r bobl o hyd. Bychain yw'r tai a'r bobl yn dlawd. Caiff lawer ohonynt eu bywioliaeth o'r "dole" neu drwy weithio ar ffyrdd y Cyngor Sir, a gwael yw ansawdd eu hymborth.

Yn ol fy marn i, yr ymdrechion gorau a wnaeth y Cyngor Sir i wrthweithio Darfodedigaeth yw :—

Prydiau bwyd i'r plant yn yr ysgol. Mae'r rhain yn rhoi ymborth i'r plant ac yn symbylu'r gwragedd i wneuthur gwell bwyd gartref.

Gwneuthur tai yn fwy o faint ac ystafelloedd eangach.

Gofalu am gyflawnder o ddwfr pur.

Rhoi gweinyddes ymhob ardal. Cynorthwya y rhai hyn i ddileu arferion drwg megis cysgu yn yr un gwely a baban bach, magu baban mewn siol o fewn cyrraedd anadl ei fam.

AREA AND POPULATION OF THE COUNTY.

District.	Estimated Resident Population by Registrar General, 1937	Census, 1931.	Acreage (Land and Inland Water).
<i>Rural Districts.</i>			
Aberaeron	9,235	6,935	65,042
Aberystwyth (North)	6,604	6,871	78,855
do. (South)	4,206	4,623	61,873
Cardigan } Teifside R.D.	10,010	13,749	107,381
Lampeter }			
Llandyssul }			
Tregaron	5,545	6,214	121,546
	35,600	38,392	434,697
<i>Urban Districts.</i>			
Aberaeron	1,172	1,155	388
New Quay	1,069	1,112	281
	2,241	2,267	669
<i>Municipal Boroughs.</i>			
Aberystwyth	9,547	9,473	1,141
Cardigan	3,173	3,310	4,928
Lampeter	2,209	1,742	1,754
	14,929	14,525	7,823
<i>Rural and Urban Districts and Municipal Boroughs.</i>			
Rural Districts	35,600	38,392	434,697
Urban Districts	2,241	2,267	669
Municipal Boroughs	14,929	14,525	7,823
Administrative County..	52,770	55,184	443,189

CAUSES OF DEATH, 1937.

	Whole County.		Rural Area.		Urban Area.		RURAL DISTRICTS.										URBAN DISTRICTS.				MUNICIPAL BOROUGHES.					
							Aberaeron.		Aberystwyth (North).		Aberystwyth (South).		Teifside R.D.		Tregaron.		Aberaeron.		New Quay.		Aberystwyth		Cardigan.		Lampeter.	
	Cardigan.	Lampeter.	Llandyssul																							
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Heart Disease	258	4.89	194	5.45	64	3.71	44	4.76	42	6.36	22	5.23	46	4.59	40	7.21	8	6.82	8	7.48	20	2.10	15	4.73	13	5.89
Cancer	91	1.72	69	1.94	22	1.28	13	1.41	15	2.27	8	1.90	16	1.58	17	3.07	6	5.12	0	0.00	10	1.05	3	0.95	3	1.36
Tuberculosis of Lungs	45	0.85	31	0.87	14	0.81	6	0.65	8	1.21	7	1.67	7	0.69	3	0.54	1	0.85	2	1.87	7	0.73	1	0.32	3	1.36
Tuberculosis of other than lungs	8	0.15	4	0.11	4	0.23	1	0.11	1	0.15	0	0.00	1	0.09	1	0.18	0	0.00	1	0.93	2	0.21	1	0.32	0	0.00
Nephritis	50	0.95	25	0.70	25	1.45	5	0.54	1	0.15	3	0.71	10	0.99	6	1.08	0	0.00	2	1.87	15	1.57	3	0.95	5	2.26
Pneumonia	35	0.66	28	0.78	7	0.41	10	1.08	8	1.21	0	0.00	7	0.69	3	0.54	2	1.91	0	0.00	5	0.52	0	0.00	0	0.00
Cerebral Haemorrhage	61	1.15	37	1.03	24	1.39	11	1.19	4	0.61	4	0.95	12	1.19	6	1.08	1	0.85	4	3.74	11	1.15	7	2.21	1	0.45
Bronchitis	27	0.51	15	0.42	12	0.70	4	0.48	3	0.45	4	0.95	3	0.30	1	0.18	2	1.91	1	0.93	9	0.94	0	0.00	0	0.00
Influenza	30	0.57	19	0.53	11	0.64	6	0.65	3	0.45	2	0.48	7	0.69	1	0.18	2	1.91	0	0.00	6	0.63	3	0.95	0	0.00
Appendicitis	6	0.11	3	0.08	3	0.17	0	0.00	0	0.00	0	0.00	1	0.09	2	0.36	0	0.00	0	0.00	3	0.31	0	0.00	0	0.00
Ulcerated Stomach and Duodenum	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Suicide	14	0.27	12	0.34	2	0.12	3	0.32	1	0.15	2	0.48	3	0.30	3	0.54	0	0.00	0	0.00	1	0.10	1	0.32	0	0.00
Other Violence	12	0.23	10	0.28	2	0.12	0	0.00	1	0.15	2	0.48	4	0.40	3	0.54	0	0.00	1	0.93	1	0.10	0	0.00	0	0.00
Puerperal Sepsis	1	0.02	0	0.00	1	0.06	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.85	0	0.00	0	0.00	0	0.00	0	0.00
Other Childbirth Causes	7	0.13	3	0.08	4	0.23	0	0.00	1	0.15	1	0.24	1	0.09	0	0.00	0	0.00	0	0.00	4	0.42	0	0.00	0	0.00
Whooping Cough	2	0.04	1	0.03	1	0.06	0	0.00	0	0.00	0	0.00	0	0.00	1	0.18	0	0.00	0	0.00	0	0.00	1	0.32	0	0.00
Measles	1	0.02	1	0.03	0	0.00	0	0.00	0	0.00	1	0.24	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Scarlet Fever	1	0.02	1	0.03	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.18	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Diphtheria	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Cerebro-spinal Meningitis	3	0.06	3	0.08	0	0.00	0	0.00	0	0.00	0	0.00	1	0.09	2	0.36	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Encephalitis Lethargica	1	0.02	1	0.03	0	0.00	0	0.00	0	0.00	0	0.00	1	0.09	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Typhoid	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Diabetes	13	0.25	8	0.22	5	0.29	1	0.11	2	0.30	0	0.00	3	0.30	2	0.36	2	1.91	0	0.00	3	0.31	0	0.00	0	0.00

RATEABLE VALUE.

The rateable value of the Administrative County in April, 1937, for County Rate purposes was £159,167. The estimated product of a penny rate over the County is £652.

EXTRACTS FROM VITAL STATISTICS.

The following is a short extract from the Vital Statistics of the year 1937 :—

						Rates for England and Wales.
		Total.	M.	F.		
Live Births	}	Legitimate ..	549	286	263	Birth Rate, per 1,000 of the estimated resident population 11.4
		Illegitimate	51	32	19	
Still- births.	}	Legitimate ..	33	19	14	Rate per 1,000 total (live and still) births.. 56.6
		Illegitimate	3	2	1	
Total Births		..	636	339	297	
Deaths	873	408	465	
						Adjusted Death Rate 12.5
						12.4
Deaths from puerperal causes :						Rate per 1,000 total (live and still) births.
Puerperal sepsis .. ..		..	1	1.57	0.94
Other puerperal causes ..		..	7	11.01	2.17
Total .. ..		..	8	12.5	3.11
Death Rate of Infants under one year of age :—						
All Infants per 1,000 live births .. ..		..	62		58
Legitimate infants per 1,000 legitimate live births ..		..	60		—
Illegitimate infants per 1,000 illegitimate live births ..		..	118		—
No. of deaths from Measles (all ages) .. ..		..	1	(Rate per 1,000 population is 0.019.)	0.02
No. of deaths from Whoop- ing Cough (all ages) ..		..	2	(Rate per 1,000 population is 0.037.)	0.04
No. of Deaths from Diarr- hoea (under 2 years of age) .. ..		..	5	(Rate per 1,000 live births is 8.0.)	5.8

LIVE BIRTH RATES AND DEATH RATES PER 1,000 POPULATION FOR 1937.

	Population 1937.	Live Births.		Deaths.		A.C.F.	Adjusted Death Rates
		No.	Rate.	No.	Rate.		
England and Wales .....	.....	.....	14.9	.....	12.4	.....	12.4
Whole County	52,770	600	11.4	873	16.5	0.76	12.5
Rural Area	35,600	438	12.3	615	17.2	0.75	12.9
Urban Area	17,170	162	9.4	258	15.0	0.83	12.4
<i>Rural Districts :</i>							
Aberaeron	9,235	124	13.4	138	15.0	0.73	11.0
Aberystwyth (North)	6,604	87	13.2	124	18.8	0.75	14.1
Aberystwyth (South)	4,206	43	10.2	75	17.8	0.72	12.8
Cardigan	} <i>Teifiside R.D.</i>	10,010	118	162	16.2	0.79	12.8
Lampeter							
Llandyssul							
Tregaron	5,545	66	11.9	116	20.9	0.73	15.3
<i>Urban Districts :</i>							
Aberaeron	1,172	15	12.8	30	25.7	0.64	16.4
New Quay	1,069	9	8.4	23	21.5	0.63	13.5
<i>Municipal Boroughs :</i>							
Aberystwyth	9,547	84	8.8	117	12.3	0.90	11.0
Cardigan	3,173	35	11.1	53	16.8	0.82	13.8
Lampeter	2,209	19	8.6	35	15.8	0.82	13.0

NOTE.—The Column A.C.F. shows the Comparability Factors used for adjusting the death rates to make them comparable with England and Wales and with one another.

CRUDE DEATH RATES OF THE MOST FATAL DISEASES, 1933-37.

	HEART DISEASE.					CANCER.					TUBERCULOSIS OF LUNGS.					NEPHRITIS.					PNEUMONIA.					CEREBRAL HAEMORRHAGE AND ARTERIO SCLEROSIS.					BRONCHITIS.					INFLUENNZA.				
	1933	1934	1935	1936	1937	1933	1934	1935	1936	1937	1933	1934	1935	1936	1937	1933	1934	1935	1936	1937	1933	1934	1935	1936	1937	1933	1934	1935	1936	1937	1933	1934	1935	1936	1937	1933	1934	1935	1936	1937
England and Wales	2.7	2.7	2.8			1.5	1.6	1.6			0.69	0.64	0.60			0.38	0.39	0.39			0.74	0.71	0.66			0.64	0.65	0.66			0.52	0.42	0.39			0.57	0.14	0.18	0.14	0.45
Whole County	4.4	4.8	4.74	4.9	4.89	1.97	2.0	2.26	2.1	1.72	0.87	1.0	1.09	0.87	0.85	1.03	0.81	1.02	1.2	0.95	0.5	0.87	0.57	0.69	0.66	1.0	1.3	1.07	1.5	1.15	0.5	0.54	0.41	0.5	0.51	0.5	0.24	0.37	0.15	0.57
Rural Area	4.5	4.8	5.20	5.4	5.45	2.0	2.1	2.2	2.1	1.94	0.73	1.1	1.16	0.95	0.87	0.89	0.85	0.99	1.4	0.70	0.6	1.00	0.66	0.7	0.78	0.9	1.27	0.99	1.1	1.03	0.5	0.57	0.38	0.6	0.42	0.4	0.25	0.44	0.16	0.53
Urban Area	4.3	4.6	3.88	4.2	3.71	1.9	2.0	2.23	2.1	1.28	1.2	0.8	0.97	0.74	0.81	1.36	0.75	1.08	0.79	1.45	0.4	0.52	0.40	0.68	0.41	1.0	1.28	1.26	2.0	1.39	0.4	0.46	0.46	0.4	0.70	0.7	0.23	0.23	0.11	0.64
Rural Districts :																																								
Aberaeron	4.6	4.2	4.05	5.0	4.76	2.26	3.5	2.13	1.8	1.41	0.3	0.9	1.28	0.64	0.65	0.45	0.6	0.32	1.61	0.54	0.3	1.0	0.96	0.86	1.08	1.2	1.7	0.75	1.1	1.19	0.0	1.1	0.32	0.3	0.43	0.2	0.0	0.10	0.1	0.65
Aberystwyth (North)	3.9	4.0	5.02	4.8	6.36	3.1	2.4	2.24	2.3	2.27	0.5	1.5	1.19	1.20	1.21	1.4	1.2	1.19	1.80	0.15	0.8	0.9	0.75	0.75	1.21	0.5	1.0	1.64	1.5	0.61	0.8	0.2	0.45	0.3	0.45	0.0	0.0	0.15	0.0	0.45
Aberystwyth (South)	4.2	5.6	4.77	5.3	5.23	1.1	2.0	2.50	1.6	1.90	1.3	0.9	1.82	1.62	1.67	0.7	1.1	1.14	0.46	0.71	0.2	0.3	0.91	0.69	0.00	0.7	1.3	1.14	0.5	0.98	0.4	0.9	1.14	1.4	0.95	1.3	0.4	1.14	0.7	0.48
Cardigan	4.3	4.5	4.70	4.6	4.59	2.7	1.1	2.45	2.3	1.58	1.0	0.7	0.59	0.59	0.69	1.3	0.5	1.37	1.48	0.99	0.9	1.0	0.49	0.69	0.69	2.7	1.6	0.79	1.0	1.19	0.0	0.4	0.20	0.5	0.30	0.3	0.4	0.88	0.2	0.69
Lampeter } Teifiside	3.2					0.6					1.6					1.8										0.0					0.3									
Llandyssul } R.D.	3.4					1.9					0.7					0.3										0.7					0.5									
Tregaron	7.3	7.0	8.37	8.0	7.21	1.7	1.4	2.14	2.7	3.07	0.5	1.8	1.42	1.24	0.54	0.9	1.2	1.07	1.06	1.08	0.3	1.6	0.18	0.35	0.54	0.5	0.4	0.89	1.6	1.08	0.7	0.2	0.18	0.7	0.18	0.2	0.5	0.0	0.0	0.18
Urban Districts :																																								
Aberaeron	6.7	5.0	5.08	5.1	6.82	5.9	3.4	3.36	1.7	5.12	1.7	0.8	0.85	0.0	0.85	1.7	0.8	0.85	0.85	0.00	0.8	0.8	0.0	4.27	1.91	0.0	0.0	2.54	1.7	0.85	0.0	0.8	0.0	0.8	1.91	0.8	0.0	0.0	0.0	1.91
New Quay	0.9	7.3	3.71	7.4	7.48	0.2	1.8	1.84	1.8	0.00	0.2	0.9	2.78	0.72	0.87	0.3	2.7	1.86	0.0	1.87	0.0	0.0	0.93	0.0	0.00	0.9	2.7	1.86	0.0	3.76	0.0	0.9	0.93	0.9	0.93	0.0	0.0	0.92	0.0	0.00
Municipal Boroughs																																								
Aberystwyth	3.2	2.7	3.2	2.3	2.10	1.3	2.1	2.5	2.2	1.05	1.4	0.8	0.8	1.0	0.73	1.3	0.6	1.1	0.9	1.57	0.1	0.5	1.2	0.5	0.52	1.3	1.6	1.2	2.2	1.15	0.7	0.6	0.5	0.3	0.94	0.9	0.0	0.1	0.1	0.63
Cardigan	6.3	7.2	5.09	6.6	4.73	2.4	2.4	1.80	2.2	0.95	1.2	0.6	0.60	0.31	0.32	0.6	0.6	1.50	0.62	0.95	0.9	0.6	1.20	0.31	0.00	1.5	1.8	1.2	2.5	2.21	0.3	0.0	0.0	0.0	0.00	0.6	0.2	0.6	0.3	0.95
Lampeter	2.3	7.5	4.59	7.4	5.89	1.4	0.5	1.38	1.8	1.36	0.5	0.9	1.38	0.46	1.36	1.9	0.5	0.0	0.92	2.26	0.5	0.5	0.46	0.46	0.00	0.0	0.9	0.46	1.9	0.45	0.0	0.0	0.92	0.9	0.00	0.0	0.0	0.0	0.00	

BIRTH RATE, INFANTILE MORTALITY AND STILL BIRTH RATE FOR 1937.

	Total No. of Births.	Birth Rate per 1,000 population.	Total No. of Live Births	Live Births per 1,000 population.	Number of Still Births.	Still Births Rate per 1,000 population.	Percentage Still Births to Live Births.	Deaths of Infants under 1 year—number.	Death Rate of Infants under 1 year per 1,000 live births.
England and Wales	.....	.....	.....	14.9	.....	0.60	.....	.....	58
Whole County	636	12.1	600	11.4	36	0.7	6.0	37	62
Rural Area	461	12.9	438	12.3	23	0.6	5.3	25	57
Urban Area	175	10.2	162	9.4	13	0.8	8.0	12	74
<i>Rural Districts :—</i>									
Aberaeron	132	14.3	124	13.4	8	0.9	6.4	11	88
Aberystwyth (North)	90	14.6	87	13.2	3	0.5	3.4	2	23
Aberystwyth (South)	44	8.1	43	10.2	1	0.2	3.0	1	23
Cardigan	122	12.2	118	11.8	4	0.4	3.4	10	85
Lampeter									
Llandyssul									
Tregaron	73	13.2	66	11.9	7	1.0	10.6	1	15
<i>Urban Districts :—</i>									
Aberaeron	15	12.8	15	12.8	0	0.0	0.0	2	133
New Quay	10	9.3	9	8.4	1	0.9	11.0	0	0
<i>Municipal Boroughs :—</i>									
Aberystwyth	91	9.5	84	8.8	7	0.7	8.3	4	48
Cardigan	39	12.3	35	11.1	4	1.2	11.4	5	143
Lampeter	20	8.7	19	8.6	1	0.5	5.2	1	53

CAUSES OF DEATH IN AGE GROUPS.

Age Groups (Years).	I. Tuber- culosis of the Lungs.	II. Heart Disease.	III. Cancer.	IV. Neph- ritis.	V. Cerebral Haemor- rhage.	VI. In- fluenza.	VII. Pneu- monia.	VIII. Bron- chitis.	IX. Other Causes.	X. Deaths from All Causes.
0—5	.....	.....	.....	.....	.....	.....	10	.....	41	51*
5—15	1	.....	.....	.....	.....	.....	1	.....	8	10
15—25	13	1	.....	1	.....	1	.....	1	8	25
25—35	14	2	.....	1	.....	1	.....	.....	11	30
35—45	8	4	5	.....	1	.....	.....	2	16	36
45—55	3	8	11	4	3	.....	.....	.....	16	45
55—65	3	35	15	9	13	5	4	.....	37	121
65—75	3	88	35	20	22	12	7	5	53	245
Over 75	.....	120	25	21	22	11	12	19	80	310
TOTALS	45	258	91	56	61	30	35	27	270	873

Note that the ages of greatest mortality for lung tuberculosis are 15 to 35 years; for heart disease and cerebral haemorrhage 55 and over; for cancer from 45 to 75. Whereas influenza and bronchitis produced fatalities in the older age groups, pneumonia was fatal to the very young and the very old.

*Of the 51 deaths under five years, 16 happened at birth, or in the first weeks, and were notified as due to premature births, congenital debility and the like, 11 were caused by lung diseases, 8 by diseases of the digestive canal, 2 by whooping cough, and 11 by ill-defined diseases, and 2 from accident.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1937.

DISTRICT.	Small Pox.	Scar- let Fever	Diph- theria	En- teric Fever	Pneu- monia	Puer- peral Pyr- exia.	Erys- ipelas.	Total
<i>Rural :</i>								
Aberaeron	.....	3	.....	1	9	.....	.....	13
Aberystwyth (North	.....	3	1	.....	7	.....	.....	11
do. (South)	.....	2	1	.....	7	2	1	13
Cardigan	} <i>Teifiside</i> <i>R.D.</i>	.....	.....	.....	.....	.....	.....	.....
Lampeter		9	1	.....	12	.....	.....	22
Llandyssul		.....	.....	.....	.....	.....	.....	.....
Tregaron	.....	3	.....	.....	7	.....	.....	10
<i>Urban :</i>								
Aberaeron	.....	1	.....	.....	5	.....	.....	6
New Quay	.....	.....	.....	.....	1	.....	.....	1
<i>Municipal Boroughs :</i>								
Aberystwyth	.....	10	10	3	9	1	2	35
Cardigan	.....	.....	.....	.....	4	1	.....	5
Lampeter	.....	1	.....	.....	2	.....	.....	3
WHOLE COUNTY	.....	32	13	4	63	4	3	119

TUBERCULOSIS

NEW CASES AND MORTALITY DURING 1937.

Age Periods.	NEW CASES.				Total New Cases.	DEATHS.				Total Deaths
	Respiratory.		Non- Respiratory.			Respiratory.		Non- Respiratory.		
	M.	F.	M.	F.		M.	F.	M.	F.	
0— .. ..	..	..	..	..	..	..	..	..	..	..
1— .. ..	..	..	..	1	1	..	..	..	1	1
5— .. ..	..	3	2	..	5	..	1	..	..	1
15—	7	14	..	3	24	6	7	1	1	15
25—	14	12	2	1	29	4	10	3	..	17
35—	7	4	1	..	12	7	1	..	..	8
45—	4	7	..	..	11	1	2	1	..	4
55—	1	1	..	..	2	1	2	..	..	3
65 and upwards	..	2	1	1	4	2	1	..	1	4
TOTALS ..	33	43	6	6	88	21	24	5	3	53

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Number of Cases of Tuberculosis remaining on the Notification Registers, kept by the District Medical Officers of Health, on 31st December, 1937.

DISTRICT.	Pulmonary.			Non-Pulmonary.			GRAND TOTALS
	Males	Females	Total	Males	Females	Total	
<i>Rural.</i>							
Aberaeron	116	88	204	22	27	49	253
Aberystwyth (North) ..	67	76	143	20	25	45	188
do. (South) ..	48	49	97	13	2	15	112
Cardigan } Teifi-							
Lampeter } side R.D.							
Llandyssul }	34	28	62	6	5	11	73
Tregaron }	32	6	38	3	1	4	42
<i>Urban :</i>							
Aberaeron	4	3	7	3	1	4	11
New Quay	7	4	11	..	3	3	14
<i>Municipal Boroughs :</i>							
Aberystwyth	160	148	308	37	53	90	398
Cardigan	11	18	29	14	9	23	52
Lampeter	46	15	61	2	2	4	65
TOTALS ..	525	435	960	120	128	248	1,208

The following tables relate to the treatment of Cardiganshire patients by the King Edward VII Welsh National Memorial Association.

A.—RETURN SHOWING THE WORK OF THE CARDIGANSHIRE DISPENSARIES DURING THE YEAR ENDED DECEMBER 31st, 1937.

	Pulmonary.				Non-Pulmonary.				Total.				Grand Total.	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts):														
(a) Definitely tuberculous	20	26	..	1	3	3	3	1	23	29	3	2	57	
(b) Diagnosis not completed .. ..	..	..	..	..	..	..	..	..	2	4	2	3	11
(c) Non-tuberculous .. ..	..	..	..	..	..	..	..	..	61	72	26	34	193
B.—CONTACTS examined during the year :—														
(a) Definitely tuberculous .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
(b) Diagnosis not completed .. ..	..	..	..	..	..	..	..	..	..	1	..	..	1
(c) Non-tuberculous .. ..	..	..	..	..	..	..	..	..	..	..	1	2	3
C.—Cases written off the Dispensary Register as														
(a) Recovered	15	17	2	7	1	7	2	4	16	24	4	11	55	
(b) Non - tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) .. ..	..	..	..	..	..	..	..	..	64	75	27	37	203
D.—NUMBER OF CASES on Dispensary Register on December 31st :														
(a) Definitely tuberculous	121	97	33	34	37	34	32	34	158	131	65	68	422	
(b) Diagnosis not completed .. ..	..	..	..	..	..	..	..	..	2	5	3	3	13

**B.—RETURN SHOWING THE WORK OF THE CARDIGANSHIRE DISPENSARIES DURING
THE YEAR ENDED DECEMBER 31st, 1937.**

1. Number of cases on Dispensary Register on January 1st. ..	533
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	13
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of."	55
4. Cases written off during the year as Dead (all causes)	63
5. Number of attendances at the Dispensaries (including Contacts) ..	964
6. Number of Insured Persons under Domiciliary Treatment on the 31st December	60
7. Number of Consultations with medical practitioners :—	
(a) Personal	126
(b) Other	291
8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	253
9. Number of visits by Nurses or Health Visitors to homes of patients	2761
10. Number of :—	
(a) Specimens of sputum, etc., examined	91
(b) X-ray examinations made in connection with Dispensary work	270
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) of Table A	1
12. Number of "T.B. plus" cases on Dispensary Register on December 31st.	83

**C.—RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATION
IN INSTITUTIONS DURING THE YEAR ENDED DECEMBER 31st, 1937.**

		In Institu- tions on Jan. 1st.	Admitted during the year.	Dis- charged during the year.	Died in Institu- tions.	In Institu- tions on Dec. 31st.
Number of doubt- fully tuberculous cases admitted for observation.	Adult Males ..	1	4	5	..	..
	Adult Females	2	2	3	..	1
	Children ..	3	12	7	..	8
	Total ..	6	18	15	..	9
Number of patients suffering from pul- monary tubercul- osis.	Adult Males ..	13	17	14	2	14
	Adult Females	10	28	19	3	16
	Children ..	1	1	2	..	..
	Total ..	24	46	35	5	30
Number of patients suffering from non- pulmonary tuber- culosis.	Adult Males ..	1	3	2	..	2
	Adult Females	3	6	2	..	7
	Children ..	5	6	7	..	4
	Total ..	9	15	11	..	13
GRAND TOTAL		39	79	61	5	52

**D.—RETURN SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY TUBERCULOUS CASES DIS-
CHARGED DURING THE YEAR FROM INSTITUTIONS.**

Diagnosis on Discharge from Observa- tion.	PULMONARY CASES.												NON-PULMONARY CASES.						Totals.		
	Sanatorium.						Hospital.														
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.			
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.			
Tuberculous	2	1	..	..	1	..	..	..	1	..	..	..	..	..	..	..	2	3	2	2	
Non-Tuber- culous ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	1	..	2
Doubtful ..	..	..	..	..	1	3	..	..	..	1	..	..	..	..	..	..	..	..	1	1	3
TOTALS ..	2	1	..	..	2	3	..	..	..	3	..	..	..	..	..	..	..	4	5	3	7

E.—RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS PATIENTS DISCHARGED FROM RESIDENTIAL INSTITUTIONS DURING THE YEAR ENDED DECEMBER 31st, 1937.

HOSPITAL PULMONARY CASES.

Classfn. on admission to the Instn.	Condition at time of discharge.	Duration of Residential Treatment.												Totals.			Grand Totals
		*Under 3 months.			3—6 months.			6—12 months.			More than 12 months.						
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class	Quiescent ..	..	..	..	1	..	..	..	1	1	..	..	..	1	1	1	3
T.B.	Not Quiescent ..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Minus.	Died ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Class	Quiescent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
T.B.	Not Quiescent ..	..	..	..	..	2	..	..	..	..	..	..	..	..	2	..	2
Plus	Died ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Group 1												..					
Class	Quiescent ..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	1
T.B.	Not Quiescent ..	..	1	..	1	..	..	..	1	..	..	1	..	1	3	..	4
Plus	Died ..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
Group 2																	
Class	Quiescent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
T.B.	Not Quiescent ..	..	..	..	2	..	..	1	..	..	..	..	..	3	..	..	3
Plus	Died ..	..	..	..	..	..	..	1	..	..	1	..	..	..	2	..	2
Group 3																	
	TOTALS (Pulmonary) ..	1	2	..	4	2	..	1	3	1	1	2	..	7	9	1	17

HOSPITAL NON-PULMONARY CASES.

Bones and Joints.	Quiescent ..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	2	2
	Not Quiescent ..	..	..	..	..	..	..	..	..	1	1	..	..	1	..	1	2
	Died ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ab- dominal	Quiescent ..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1	2
	Not Quiescent ..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	1
	Died ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Organs.	Quiescent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Not Quiescent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Died ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Peri- pheral glands.	Quiescent ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1
	Not Quiescent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Died ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS (Non-Pulmonary)	..	..	..	1	..	1	..	1	3	1	..	1	2	1	5	8

*Patients whose stay in residential institutions has not exceeded 28 days are not included.

**F.—RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY TUBERCULOUS
PATIENTS DISCHARGED FROM RESIDENTIAL INSTITUTIONS DURING THE YEAR
ENDED DECEMBER 31st, 1937.**

SANITORIUM PULMONARY CASES.

Classfn. on admission to the Instn.	Condition at time of discharge.	Duration of Residential Treatment.												Totals.			Grand Totals
		*Under three months, but exceeding 28 days.			3—6 months.			6—12 months.			More than 12 months.						
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class T.B. Minus.	Quiescent ..	1	..	..	1	..	1	..	..	..	..	..	2	..	1	3
	Not Quiescent ..	..	..	..	..	2	..	1	1	..	..	..	1	3	..	4
	Died ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Class T.B. Plus Group 1	Quiescent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Not Quiescent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Died ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Class T.B. Plus Group 2	Quiescent ..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	1
	Not Quiescent ..	..	1	..	..	1	..	1	2	..	..	..	1	4	..	5
	Died ..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	1
Class T.B. Plus Group 3	Quiescent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Not Quiescent ..	..	..	..	..	..	..	..	..	..	2	1	..	2	1	3
	Died ..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	1
	TOTALS (Pulmonary) ..	2	1	..	1	4	1	2	4	..	2	1	..	7	10	1	18

*Patients whose stay in residential institutions has not exceeded 28 days are not included.

CARDIGANSHIRE DISPENSARIES.

Centre.	Address.	Days and Times opened each month.
Aberaeron.	County Hall.	1st and 3rd Wednesdays, 12 noon—1.30 p.m.
Aberystwyth.	The Infirmary.	Mondays, 1.30 p.m.
Henllan.	Maes yr Ywen, Felindre.	2nd and 4th Fridays, 2.30 p.m.
Lampeter.	The Institute, "Ormond House," Bryn Road.	2nd and 4th Tuesdays, 3 p.m.
Llandyssul.	"Maesyrfhaf."	2nd and 4th Tuesdays, 12 noon.
Newcastle Emlyn.	Cawdor Reading Room.	2nd and 4th Fridays, 1 p.m.
New Quay.	By appointment.	4th Thursday.
Pontrhydygroes.	"Hafod House."	4th Saturday, 11.30 a.m.
Tregaron.	Tuberculosis Hospital.	Monthly market days, 1.30 p.m., and following Tuesday fortnight.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925,

AND THE

PUBLIC HEALTH ACT, 1925, SECTION 62.

The former relate to persons suffering from pulmonary tuberculosis employed in the milk trade, and the latter to the compulsory removal to a hospital of persons suffering from tuberculosis. No case occurred during the year to necessitate action.

MATERNITY AND CHILD WELFARE.

Midwives Act.

The main purpose of the new Midwives Act, 1936, which came into operation on July 1st, 1937, is to improve the domiciliary midwifery service in the country, in the hope that maternal mortality may be reduced.

Under the Act, it is the duty of the County Council to provide a sufficient number of trained salaried midwives for attendance on women in their own homes, to act not only as midwives, but also as maternity nurses.

The status of midwives must also be raised by payment of adequate salaries. Means of transport and telephones must also be provided.

The County Council could either employ full-time midwives directly under the Authority or co-operate with existing voluntary organisations. The latter was found to be far the most practicable and economical arrangements for Cardiganshire, as the Cardiganshire County Nursing Association had already, with the exception of a small area (Llanon), a complete nursing and midwifery service for the county. Extra grants in aid of the midwifery service are now being paid to them.

During the year fifty midwives notified their intention to practise in the county. Of these, four were on the staff of the County Maternity Home, five were in independent practice, and the remaining forty-one were employed by local nursing associations—thirty-three permanently and the others for temporary relief work.

The Superintendent paid one hundred and ninety-four visits of inspection to midwives in their districts. Their work was satisfactory and no case of malpractice or breach of the Central Midwives Board rules was reported during the year.

On January 1st, 1937, a new C.M.B. rule came into operation to the effect that the midwife should attend for 14 days after childbirth. Previously, it was 10 days after delivery.

The following notifications were received in accordance with the rules of the Central Midwives Board :—

Sending for medical help	..	..	..	..	112
Stillbirths	..	..	..	..	—
Death of mother or child	..	..	..	..	2
Artificial feeding of infant	..	..	..	..	10
Liability to be a source of infection	..	..	..	..	9
Laying out a dead body	..	..	..	..	34

The reasons for sending for medical help in the 112 cases were as follows :—

Illness of mother or child	6
Rise of temperature	5
Abnormal presentation and delayed labour ..	54
Albuminuria and eclampsia	6
Haemorrhage : ante- and post-partum ..	12
Abortion and miscarriage	7
Torn perineum	14
Retained membrane or placenta	5
Discharge from infant's eyes	3

District Nursing Associations.

No new nursing associations were formed in 1937, but the area previously unserved in the Tregaron Area was merged into the adjoining districts of Tregaron and Llanilar. The village of Llanon is still without a nurse.

During the year the County Nursing Association has sent two nurses to Plaistow for a year's training in midwifery. One nurse has completed her training there and obtained her C.M.B. certificate. She has been placed in a district in the county.

County Maternity Home.

The number of cases treated at the Home during the year was 132. Forty-two of the labours were uncomplicated, excepting that twenty-five of them required the use of instruments. Ten Caesarian Sections were performed and also six other operations.

The year's record for puerperal fever is very satisfactory. No longer is this disease a hopeless condition to treat. Early admission to hospital gives an almost hundred per cent promise of recovery. All the four cases admitted into the Home were sent out cured.

On the other hand, of ten cases of albuminuria (i.e. kidney disease), two died. These two were sent in late ; one in a comatose condition. It is almost certain that early hospital treatment would have saved both.

Maternal Mortality.

This year the number of deaths of women at childbirth has been high. There were eight in all. Three of these could not have been prevented by any amount of care and pre-vision, for death was due to shock or embolism. On the other hand, the three victims of eclampsia might have survived if they had consulted the nurse and doctor in the early stages. A case of sepsis and one other puerperal death were never reported.

TABLE SHOWING THE NUMBER OF VISITS MADE BY HEALTH VISITORS DURING THE YEAR.

District.	Visits to Infants under 1 Year.			Total No. of Visits to children between 1 and 5 years.	Expectant Mothers.	
	First Visits.	No. of Re-visits.	Total No. of Visits.		First Visits.	Total Visits.
Whole-time Health Visitors						
1. Aberystwyth ..	80	489	569	337	..	11
2. Llandyssul Rural ..	19	83	102	452	..	..
Part-time Health Visitors.						
1. Aberaeron ..	21	182	203	188	12	69
2. Aberporth ..	20	224	244	258	11	87
3. Borth	8	107	115	91	10	60
4. Cardigan	44	588	632	856	46	245
5. Cross Inn and Cilcennin	38	271	309	295	17	121
6. Devil's Bridge ..	10	148	158	148	9	49
7. Glandyfi	23	425	448	598	12	141
8. Henllan	13	96	109	173	5	22
9. Lampeter	23	279	302	244	25	126
10. Llanafan	7	147	154	122	11	52
11. Llanarth	12	220	232	420	12	113
12. Llanddewi Brefi ..	9	424	433	472	11	41
13. Llandyssul	27	80	107	74	7	36
14. Llandyssilio	21	234	255	258	22	140
15. Llangeitho	17	288	305	332	5	119
16. Llangranog	21	329	350	390	22	132
17. Llanilar and Lledrod	10	101	111	159	9	46
18. Llanrhystyd and Llangwryfyon ..	19	367	386	480	16	65
19. Llanwenog	6	216	222	277	8	33
20. Llanychaearn	11	234	245	268	12	88
21. Llechryd	11	502	513	524	11	80
22. Melindwr	12	136	148	192	12	62
23. Mid-Aeron	15	409	424	877	11	105
24. New Quay	9	406	415	89	57	195
25. Pontrhydfendigaid ..	18	252	270	287	19	65
26. Rhydlewis	16	160	176	218	23	76
27. Rhydyppennau	24	131	155	208	24	59
28. Talybont	8	176	184	278	10	93
29. *Trefeirig and Elerch	2	51	53	42	1	5
30. Tregaron	17	379	396	197	12	245
TOTALS ..	591	8134	8725	9804	462	2781

*This district was merged into the Talybont and Rhydyppennau districts as from April 1st, 1938.

In addition, the Superintendent Health Visitor made the following visits during the year :—

To infants under 1 year of age	118
To children between 1 and 5 years	28
To Expectant Mothers	25

171

INFANT WELFARE CENTRES.

Clinic Centre.	Day and time of Meeting.	No. of Sessions held.	No. of individual children who attended during the year.		Total Infant attendance per session.	No. of individual ante-natal cases.	Total ante-natal attendances.	Clinic Medical Officer.
			Under 1 year.	Between 1 and 5 years.				
*Aberaeron : Memorial Hospital.	3 p.m., alternate Wednesdays.	..	..	..	..	..	..	Dr. Ernest Ll. Davies, M.R.C.S., L.R.C.P.
Aberporth : Village Hall.	3 p.m., alternate Wednesdays.	24	20	4	652	3	12	Dr. Trevor G. Davies, M.R.C.S., L.R.C.P.
Aberystwyth : Parish Hall.	2.30 p.m., Thursdays.	42	61	11	1510	32	141	Dr. Abraham Thomas, T.D., M.B., B.S. (Lond.).
Cardigan : Memorial Hospital.	3 p.m., alternate Tuesdays.	27	39	18	981	36	94	Dr. D. Lloyd Davies, M.B., Ch.B.
Henllan : Village Hall.	2 p.m., alternate Tuesdays.	26	11	1	274	3	4	Dr. T. J. Jenkins, M.R.C.S., L.R.C.P.
Lampeter : Temple Buildings.	3 p.m., alternate Tuesdays.	26	19	6	292	..	..	Dr. J. Albert Evans, M.R.C.S., L.R.C.P.
Llandyssul : Y.M.C.A. Hall.	3 p.m., alternate Thursdays.	26	11	20	391	..	..	Dr. John Griffiths, M.R.C.S., L.R.C.P.
Rhydlewis : Y.M.C.A. Hall.	3 p.m., alternate Thursdays.	22	8	1	193	2	15	Dr. Trevor G. Davies, M.R.C.S., L.R.C.P.
Taliesin : Old Schoolroom.	3 p.m., alternate Thursdays.	23	17	1	519	7	45	Dr. Thomas J. Jones, B.Sc., M.R.C.S., L.R.C.P.

*The Aberaeron Clinic has been closed temporarily since August, 1935.

NURSING HOMES REGISTRATION ACT, 1927.

Number of new applications for registration	..	..	..	..	Nil.
Number of Homes already registered	..	..	..	..	1
Number of Orders made refusing or cancelling registration				..	Nil.
Number of Appeals against such Orders	..	..	..	..	..
Number of Applications for exemption from registration				..	Nil.

CHILDREN ACT, 1908.

Return relating to the Administration of Part I of the above Act, as amended by Part IV of the Children and Young Persons Act, 1932.

1. NOTIFICATION :

(a) Number of persons on Register receiving children for reward at the end of the year	..	..	..	..	..	7
(b) Number of Children on the Register :						
(i) at the end of the year	..	..	..	..	..	7
(ii) who died during the year	..	..	..	..	..	1
(iii) on whom inquests were held during the year	..	..	..	..	..	Nil.

2. VISITING :

Number of Health Visitors holding appointments as Infant Protection Visitors	1
---	----	----	----	----	----	---

The seven children were visited during the year and conditions found satisfactory. No proceedings were, therefore, taken.

INSTITUTIONAL TREATMENT OF THE SICK.

BEDS PROVIDED IN THE SEVERAL INSTITUTIONS FOR SICK, MATERNITY AND MENTAL CASES AT 31st DECEMBER, 1937.

Classification.	Aberaeron.	Aberystwyth.	Lampeter.	Total.
No. of Beds provided :				
For men ..	4	11	36	51
For women ..	5	13	10	28
For children* (aged under 16 years) ..	1	2	6	9
TOTALS ..	10	26	52	88

*Excluding cots in Maternity Wards.

STATISTICS RELATING TO THE SEVERAL INSTITUTIONS FOR THE YEAR ENDED 31st DECEMBER, 1937.

Description.	Aberaeron.	Aberystwyth.	Lampeter.
IN-PATIENTS :			
Total number of admissions (including infants born in hospital)	100	94	64
Number of women confined in the hospital ..	..	4	3
Number of live births .. .. .	..	4	2
Number of still births .. .. .	..	..	..
Number of deaths among the newly-born (i.e. under four weeks of age)* .. .. .	..	1	1
Number of deaths among children under 1 year (including those above) .. .. .	..	..	..
Number of Maternal deaths among women admitted for confinement .. .. .	..	..	..
Total number of deaths	2	15	9
Total number of discharges (including infants born in hospital)	102	82	46
Of the patients deceased or discharged, number whose stay was :—			
(a) under four weeks	78	50	21
(b) four weeks and under 13 weeks ..	26	25	18
(c) thirteen weeks or more .. .. .	..	22	16
Beds occupied—average during the year ..	7	26	30
Surgical operations (excluding dental) :			
Under general anaesthetic	72	..	..
Number of abdominal sections	41	..	..
OUT-PATIENTS :			
Number of persons seen in the Out-Patients Department .. .. .	..	..	..
Attendances in the Out-Patients Department ..	..	..	..

*Children born in Hospital only.

**CLASSIFICATION OF ACCOMMODATION AT THE SEVERAL INSTITUTIONS FOR SICK,
MATERNITY AND MENTAL CASES, AND THE NUMBER OF BEDS OCCUPIED ON THE
31st DECEMBER, 1937.**

Classification of Wards.	No. of Wards	NUMBER OF BEDS.							
		Men.		Women.		Children.		Total.	
		Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.
ABERAERON :									
Medical .. } ..	3	4	3	5	3	1	..	10	6
Surgical .. } ..	..	..	..	..	..	..	..	..	..
Others .. } ..	3	4	3	5	3	1	..	10	6
ABERYSTWYTH :									
Medical .. } ..	2	11	11	12	12	2	1	25	24
Surgical .. } ..	..	..	..	..	..	..	..	..	..
Chronic Sick .. } ..	..	..	..	..	..	..	..	..	..
Children .. } ..	..	..	..	1	..	..	..	1	..
Maternity .. } ..	..	..	..	..	..	..	..	..	..
Others .. } ..	2	11	11	13	12	2	1	26	24
LAMPETER :									
Medical .. } ..	2	6	5	5	3	..	..	11	8
Surgical .. } ..	..	..	..	..	..	6	5	6	5
Chronic Sick .. } ..	..	..	..	..	..	..	..	..	..
Children .. } ..	1	..	..	1	..	..	..	1	..
Isolation .. } ..	..	..	..	..	..	..	..	..	..
Maternity .. } ..	4	30	27	4	4	..	..	34	31
Mental Defectives .. } ..	7	36	32	10	7	6	5	52	44
Others .. } ..									
TOTALS :									
Aberaeron	3	4	3	5	3	1	..	10	6
Aberystwyth	2	11	11	13	12	2	1	26	24
Lampeter	7	36	32	10	7	6	5	52	44
GRAND TOTALS	12	51	46	28	22	9	6	88	74

**CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED IN
THE SEVERAL INSTITUTIONS DURING THE YEAR ENDED 31st DECEMBER, 1937.**

Disease Groups.	Bronglais, Aberystwyth.		Temple Buildings, Lampeter.		County Hospital, Aberaeron.	
	Dis- charg- ed.	Died.	Dis- charg- ed.	Died.	Dis- charg- ed.	Died.
Acute infectious diseases .. .. .	..	..	..	..	..	..
Influenza .. .. .	..	..	..	..	..	..
Tuberculosis :—						
Pulmonary .. .. .	..	..	1	..	..	..
Non-Pulmonary .. .. .	..	..	..	..	..	..
Malignant disease .. .. .	..	..	2	1	..	2
Rheumatism :—						
(a) Acute rheumatism (rheumatic fever, to- gether with sub-acute rheumatism and chorea) .. .. .	..	..	..	..	..	..
(b) Non-articular manifestations of so-called " rheumatism " (muscular rheumatism, fibrositis, lumbago and sciatica) .. .. .	..	..	1	..	..	..
(c) Chronic arthritis .. .. .	..	..	6	..	..	..
Venereal disease .. .. .	..	..	..	..	..	..
Puerperal pyrexia .. .. .	..	..	..	..	..	..
Puerperal fever :—						
(a) Women confined in the hospital .. .. .	..	..	..	..	..	..
(b) Other cases .. .. .	..	..	..	..	..	..
Other diseases and accidents connected with pregnancy and childbirth .. .. .	..	..	1	..	..	..
Mental diseases :—						
(a) Senile Dementia	5	..	2	..	..	..
(b) Other .. .. .	..	..	3	..	..	..
Senile Decay	3	3	..	..	..	..
Accidental injury and Violence	4	..	5	..	10	..
Disease of the Nervous System and Sense Organs	2	1	4	..	4	..
Disease of the Respiratory System	12	4	5	1	8	..
Disease of the Circulatory System	8	3	3	5	..	..
Disease of the Digestive System	2	1	2	..	60	..
Disease of the Genito Urinary System	1	1	..	1	10	..
Disease of the Skin	3	..	2	..	..	..
Other diseases	9	1	1	1	10	..
Mothers and infants discharged from Maternity Wards and not included in above figures ..	..	..	3	..	..	..
Any person not falling under any of the above headings	33	1	5	..	..	..
TOTALS	82	15	46	9	102	2

VENEREAL DISEASES.

RETURN OF ALL PERSONS TREATED AT THE GENERAL HOSPITAL, SWANSEA,
DURING THE YEAR ENDED 31st DECEMBER, 1937.

	Syphilis.		Soft Chancre.		Gonorrhoea.		Conditions other than Venereal.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.
Number of cases on 1st. Jan., 1937, under treatment or observation	1	..	..	3	..	..	..	3	1	4
Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection
Number of cases dealt with for the first time during the year under report suffering from :											
Syphilis, primary
" secondary
" latent in 1st year of infection
" all later stages
" congenital	1	..	..	..	..	..	..	..	1	1
Soft Chancre	1	..	..	..	..	..	1	..	1
Gonorrhoea, 1st year of infection	4	2	..	..	4	2	6
" later
Conditions other than Venereal
Number of cases dealt with for the first time during the year under report, known to have received treatment at other Centres for the same infection
	..	2	1	..	7	2	..	..	8	4	12
Number of cases discharged after completion of treatment and final tests of cure
Number of cases which ceased to attend before completion of treatment	2	..	..	..	2	..	2
Number of cases transferred to other centres or to Institutions, or to care of private practitioners
Number of cases remaining under treatment or observation on 31st December, 1937	2	1	..	5	2	..	..	6	4	10
TOTALS	2	1	..	7	2	..	..	8	4	12

The following Table relates to persons treated at the **ABERYSTWYTH TREATMENT CENTRE** during the year ended 31st December, 1937.

	Syphilis.		Soft Chancre.		Gonorrhoea.		Conditions other than Venereal.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals
Number of cases on 1st Jan., 1937, under treatment or observation	16	7	..	..	3	2	..	..	19	9	28
Number of cases dealt with for the first time during the year under report, suffering from :											
Syphilis, primary.. ..	..	1	..	..	..	..	..	..	..	1	1
" secondary	1	1	..	..	..	..	..	..	1	1	2
" latent in 1st year of infection .. ..	..	..	..	..	..	..	..	..	..	..	..
" all later stages .. ..	..	..	..	..	..	..	..	..	..	..	..
" congenital .. ..	..	1	..	..	..	..	..	..	..	1	1
Soft Chancre .. ..	..	..	..	..	..	..	..	..	..	..	..
Gonorrhoea, 1st year of infection .. ..	..	..	..	..	1	2	..	..	1	2	3
" later .. ..	..	..	..	..	..	..	..	..	..	..	..
Conditions other than Venereal .. ..	..	..	..	..	..	..	..	..	..	..	..
Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection .. ..	..	..	..	..	..	..	..	..	..	..	..
	17	10	..	..	4	4	..	..	21	14	35
Number of cases discharged after completion of treatment and final tests of cure .. ..	..	..	..	..	..	..	..	..	..	..	..
Number of cases which ceased to attend before completion of treatment .. ..	..	..	..	..	..	..	..	..	..	..	..
Number of cases remaining under treatment or observation on 31st December, 1937	17	10	..	..	4	4	..	..	21	14	35
TOTALS ..	17	10	..	..	4	4	..	..	21	14	35

VACCINATION.

**RETURN SHOWING THE NUMBER OF PERSONS SUCCESSFULLY VACCINATED AND
RE-VACCINATED AT THE COST OF THE RATES DURING THE YEAR ENDED 30th
SEPTEMBER, 1937.**

Vaccination District.	Name of Public Vaccinator.	Number of successful Primary vaccinations of persons.			Number of successful re-vaccinations.
		Under one year of age.	One year and upwards	Total.	
Aberystwyth and Ilar.	Dr. J. Arthur Rees.	21	1	22	1
Cardigan.	Dr. D. Lloyd Davies.	6	7	13	4
Geneu'rglyn.	Dr. Thomas J. Jones.	40	11	51	4
Lampeter.	Dr. Evan Evans.	20	12	32	4
Llandyfriog, Henllan, Cenarth.	Dr. Trevor G. Davies.	2	1	3	..
Llandyssilio.	Dr. D. R. T. Griffiths.	39	..	39	1
Llandyssul.	Dr. John Griffiths.	26	3	29	1
Llansantffraid.	Dr. Ernest Ll. Davies.	47	5	52	1
Penbryn.	Dr. T. J. Jenkins.	4	2	6	..
Tregaron Lower.	Dr. David Davies.	30	2	32	2
Tregaron Middle.	Dr. D. A. J. Williams.	17	1	18	1
Tregaron Upper and Aberystwyth Rheidol.	Dr. John Anderson.	7	..	7	3
TOTALS.		259	45	304	22

SUMMARY OF RETURNS MADE TO THE REGISTRAR GENERAL OF THE VACCINATION OF CHILDREN WHOSE BIRTHS WERE REGISTERED FROM JANUARY 1st TO DECEMBER 31st, 1936.

Registration Sub-District.	Number of Births. registered Jan. 1 to Dec. 31, 1936.	Number of these births duly entered by January 31st, 1938 in "Vaccination Register."					Number of these births which on January 31st, 1938, remained unentered in the "Vaccination Register" on account of			Number of these births remaining on January 31st, 1938, not "entered" nor temporarily accounted for in Report Book.	Total number of Certificates of successful Primary Vacci- nation of child- ren under 14 received during the year 1937	Number of Statutory de- clarations of Conscientious objections actually re- ceived during the year 1937.
		Success- fully Vaccinated.	Insus- ceptible of Vaccina- tion.	Had Small Pox.	No. in respect of whom Statu- tory declara- tions of Conscientious objection have been received.	Died unvacci- nated.	Post- ponement by Medical certificate.	Removed to other districts.	Removed to places unknown.			
Aberaeron	64	42	..	..	15	4	..	..	..	3	85	15
Aberystwyth	173	32	..	..	61	9	1	30	21	19	22	78
Cardigan	72	5	..	..	35	2	..	..	4	26	..	..
Geneu'rglyn	47	31	..	..	6	..	..	..	..	10	..	4
Lampeter	38	20	..	..	15	1	..	..	..	2	26	15
Llandyssilio	22	13	..	..	5	4	..	..	..	..	..	..
Llandyssul	65	12	..	..	20	3	..	..	1	29	16	34
Llangeitho	52	39	..	..	7	1	..	..	..	5	17	6
Llansantffraid	23	18	..	..	2	2	..	..	1	..	..	..
Penbryn	12	..	..	..	7	..	..	..	..	5	..	..
Rheidol	34	12	..	..	9	2	..	..	2	9	8	7
Tregaron	70	47	..	..	10	3	..	..	..	10	8	..
TOTALS.	672	271	..	..	192	31	1	30	29	118	182	159

MENTAL DEFICIENCY.

The Mental Deficiency Acts are administered by the Mental Deficiency Committee of the County Council, which is a sub-committee of the Public Health Committee, and meets quarterly under the Chairmanship of Councillor Mrs. G. M. Douglas, J.P.

For female patients, the Cardiganshire County Council has made provision jointly with other counties at the West Wales Joint Counties Institution, Pantglas, Carmarthen.

Male patients are sent to institutions belonging to other authorities, e.g., the Driffield Certified Institution, and the Poor Law Certified Institution, Caersws.

Supervision is carried out by the County Medical Officer, and the County Superintendent of Nurses.

Cardiganshire possesses no Occupation Centre or Home Training.

A system of Guardianship has been instituted for the care and supervision of defectives who are cared for in the county itself. The guardians appointed report quarterly to the Mental Deficiency Committee.

The following table relates to the number of mental defectives under the control of the Authority at the end of the year 1937 :—

	Males.	Females.	Total.
In Institutions under Order	2	8	10
On Licence from Institutions .. .. .	..	1	1
Under Guardianship	2	..	2
In " Places of Safety " .. .. .	..	..	..
Under Statutory Supervision and awaiting removal to an Institution .. .. .	..	..	..
Notified by Local Education Authority ..	..	3	3
Mental Defectives in receipt of Poor Relief :			
Institutional	5	8	13
Domiciliary	12	27	39
TOTALS	21	47	68

The above tables does not include cases in the State Institution and those in Mental Hospitals or Poor Law Institutions under the provisions of the Lunacy and Mental Treatment Acts.

BLIND PERSONS ACT, 1920.

The care of blind persons and the prevention of blindness is controlled by two Committees—the Cardiganshire Association for the Blind and a Sub-Committee of the Cardiganshire Public Health Committee.

The Certifying Officer is the County M.O.H., who refers special cases to the Ophthalmic Surgeon.

During 1937 blindness was prevented by suitable treatment in the cases of four men and eleven women. An infant born blind in 1936 has been cured. The Committee has been active in educating and training a basket maker and an organist.

The register shows that 51 persons have been registered during the year. Cases which proved not to be certifiable as blind within the meaning of the Act have all been examined by the specialist, and their sight strengthened by suitable glasses, so that there is every chance of their not becoming totally blind. These benefits are provided by the funds of the County Council for all applicants who are necessitous, under the terms of the Public Health Act, 1925, for the Prevention of Blindness.

The following table gives particulars of changes in the register during the year :—

Number on Register on December 31st, 1936	..	167	
New cases registered during the year	..	51	
		<hr/>	218
Removals from Register during the year	..		32
			<hr/>
Number on Register on December 31st, 1937	..		186
			<hr/> <hr/>

An annual report is published by the Association which gives detailed information on the working of the Act in Cardiganshire.

TREATMENT OF CANCER.

Cancer patients are admitted to the following hospitals belonging to the County Council :—

County Hospital, Aberaeron.
Public Assistance Institution, Aberystwyth.
Public Assistance Institution, Lampeter.

Each case is discussed as it arises and whatever treatment is necessary, the best arrangements are made for operative or radium treatment in a hospital within or outside the county. An X-ray apparatus is available at the County Hospital, Aberaeron.

Five cases were treated during the year ; three at Lampeter and the other two at Aberaeron. One of the Lampeter cases was transferred to a Hospital providing facilities for radiological treatment.

HOUSING (RURAL WORKERS) ACTS.

Nineteen houses were re-constructed under these Acts in 1937, the amount of grant made by the County Council to the applicants being £800. Up to December 31st, 1937, the total number of houses re-conditioned was one hundred and twenty-four, and the grant made towards this work was £5,235.

The grant in each case covers 25% of the estimated cost. It is proposed to increase it to 33 $\frac{1}{3}$ %. At the same time, the actual maximum grant to be made in a particular case will be raised from £50 to £75.

MILK (SPECIAL DESIGNATIONS) ORDER.

The Licensing Authority is the Public Health Committee of the County Council.

When an application is received, communication is made to the County Agricultural Organiser, who instructs the applicant in methods for the production of milk to the required standard. The sanitation of the buildings, the purity of the water supply and the absence of tuberculosis in those who handle the milk, are then certified by the medical and sanitary officers. The cows are examined quarterly by a veterinary surgeon and samples of milk are taken every three months by the sanitary inspectors and examined bacteriologically at the County Laboratory.

The standard for an Accredited licence is that of Grade "A."

ACCREDITED licences require a fee of £1 1s. 0d. to be paid to the Licensing Authority. In addition, the producer pays the fee of the veterinary surgeon, but towards this latter expense the County Council contributes a sum of 1/- per certified cow per annum.

Licences in connection with the production of TUBERCULIN TESTED milk require the following fees:—

Where milk is produced but not bottled	..	..	..	£1	1	0
Where milk is produced <i>and</i> bottled	..	..	..	£2	2	0

To encourage farmers to attain the Tuberculin Tested standard, the County Council has passed a resolution to the effect that where an Accredited producer wishes to apply for a Tuberculin Tested licence, the fee of £1 1s. 0d. already paid for the former licence shall be taken into account.

Notes on Sampling and Testing.

Of the 1,500 registered milk producers in Cardiganshire, approximately 20 per cent. are licensed by the County Council to produce Tuberculin Tested or Accredited milk.

Standard methods of sampling and examination of milk have been laid down by the Minister of Health—Memorandum 139/Foods (January, 1937). These regulations are carried out by the sampling officers.

The following table gives the results of the bacteriological examination of official post-licence milk samples during 1937 :—

Season.	No. of samples examined.	No. unsatisfactory.	Per cent. Unsatisfactory.
January—March	142	21	15
April—June	153	35	23
July—September	159	112	70
October—December	254	59	23
Total	708	227	32

It will be observed that the results for the summer months are rather unsatisfactory, but Cardiganshire results are no worse than the average for England and Wales.

Observation has shown that lack of proper cooling of milk and incomplete sterilisation of utensils are the main causes of failure.

The following table shows the distribution of the licences granted for the year 1937.

District.	Accredited.	Tuberculin Tested.
RURAL :		
Aberaeron	61	1
Aberystwyth (North)	3	2
do. (South)	12	—
Cardigan Lampeter Llandyssul } Teifside R.D.	129	11
Tregaron	28	2
URBAN :		
Aberaeron	—	—
New Quay	—	—
MUNICIPAL BOROUGHES :		
Aberystwyth	1	—
Cardigan	7	1
Lampeter	2	—
TOTAL	243	17

Nature of Specimen.	No. examined.	Total.
Aberystwyth Laboratory.		
Diphtheria Swabs	94	94
Examinations connected with :—		
Diseases of Kidney and Bladder	22	35
„ „ the Blood	3	
Detection of Gonococci	10	
Bacteriological Examinations of Milk and Dairy Products :—		
Butter	4	950
Cream	12	
Milk :		
Tuberculin Tested	105	
Accredited	603	
Advisory and pre-licence	90	798
Pasteurised	—	
Ice Cream	136	
Bacteriological Examination of Water Samples		140
Other Examinations :—		
Faeces	1	4
Skin	3	
Beck Laboratory, Swansea :		
Detection of Gonococci	15	42
Detection of Spirochetes	1	
Wassermann reactions	26	
		1265

SALE OF FOOD AND DRUGS ACTS.

The following tables show the number of samples of food submitted for analysis during the year 1937 :—

Description.						No. of Samples examined.	Results of Analysis.
Butter	..	..	..	..	..	..	..
Demerara Sugar	..	..	..	..	..	..	..
Lard	..	..	..	..	..	1	Genuine.
Vinegar	..	..	..	..	..	2	Genuine.
Tea	..	..	..	..	..	..	..
Total Samples Examined						3	..

Samples of Milk analysed :—

Samples examined	Genuine	Slightly deficient in non- fatty Solids.	De- ficient in non- fatty Solids.	Slightly deficient in milk- fat.	De- ficient in milk- fat.	De- ficient in milk- fat and non- fatty Solids.	Slightly deficient in both milk-fat and non- fatty Solids.	Added water.
159	122	15	4	10	2	6	..	..

ORTHOPAEDIC TREATMENT.

Children of pre-school age are dealt with by the Maternity and Child Welfare Committee of the County Council and those of school age by the Education Committee. Cases are examined by the Visiting Orthopaedic Surgeon four times a year, and those requiring hospital treatment are sent to the Prince of Wales Hospital, Cardiff.

Forty-five patients were examined and treated. Of these, five were treated for club foot, six for infantile paralysis, three for wry neck, three for flat foot, three for congenital hip deformity, and five for deformities following rickets. Four cases were found to be suffering from bone tuberculosis, and these were transferred to the care of the Welsh National Memorial Association.

Eight children and one adult received hospital treatment during the year.

Cardiganshire Association for the Care of Cripples.

In January, 1937, the Cardiganshire Association for the Care of Cripples was formed to help, by voluntary effort, the welfare of the cripples in the county.

The Earl of Lisburne, Lord Lieutenant of the county, graciously consented to be Patron, and the following officers were elected :—

President	..	..	Lady Webley-Parry-Pryse, O.B.E.
Chairman	..	..	Admiral Hope, C.B., C.V.O., D.S.O., D.L., J.P.
Vice-Chairman	..	..	Colonel Sir George Fossett Roberts, K.B.E., D.L., J.P.
Hon. Treasurer	..	..	Llewelyn Edwards, Esq., A.F.C.
Hon. Secretary	..	..	Miss Helen Jones-Parry, Tyllwyd, Car- digan.

The Association divides the county into twelve divisions, each with an honorary representative. With a small executive committee, there is also a county committee with representatives from the County Council and other authorities.

Besides making itself responsible for the conveyance of patients to the county orthopaedic clinic at Aberaeron and to the Prince of Wales' Hospital, Cardiff, it supplements the after-care work of the County Education Committee, the County Public Assistance Committee and the County Child Welfare Committee.

Sixty-eight names, forty-six of child cripples and the rest of adults, are on its register. For the adults, the work of the Association is specially valuable; after the age of 16 years the responsibility of the Education Committee ends, and unless a cripple is in receipt of relief from the County Public Assistance Committee there remains only the Association, apart from relatives and friends, to help in treatment and training.



CARDIGANSHIRE EDUCATION COMMITTEE



THE SCHOOL MEDICAL SERVICE



SCHOOLS AND SCHOOL BUILDINGS.

Nutrition.

Sixty per cent of the children examined were found to be in excellent physical condition, and thirty-two per cent in good health, but for bad teeth ; nine per cent showed marked need of extra nourishment, and 0.31 per cent were seriously sub-normal. The schools where undernourishment was most noticeable are Llanwnen, Llanllwchaearn, Cross Inn (Llanon), Llanfihangel-y-Creuddyn, Trewen, Lledrod, Pont-rhydfendigaid, Tregaron, and Ysbytty Ystwyth.

Fifty-six elementary schools supply substantial meals for children who cannot return home at mid-day. All the secondary schools do so, too, except Llandyssul, where the school buildings are being reconstructed.

The importance of the mid-day meal for secondary schools will be appreciated when it is remembered that secondary school pupils are in the age group of high tuberculosis mortality and that adolescence lays a special strain on the body—a strain that should be met by special feeding.

Physiologists have shown that " In estimates of the requirements at different age periods, the most striking feature is the high body demand of the adolescent for lime. The demand for most ages is about 0.5 gramme daily, but for an adolescent it is 2 grammes." The main food sources of lime are milk, vegetables, fruit and wholemeal bread—just the foods that the Cardiganshire boy does not get. The ever-present possibility of lime deficiency is not the only danger of haphazard feeding. Iron, too, is often wanting and there may be a shortage of good protein. It is easy to imagine that malnutrition may connect with tuberculosis and such postural defects as adolescent kyphosis (round shoulders). But it is not so apparent that diet deficiency may be the background of much of the defective eyesight found. This question has been closely studied by Dr. Williams of Maenclochog. He points out that a type of eye defect is characteristic of " special place " pupils in the upper classes of the elementary schools and of the studious pupils of the secondary schools. Comparison of schools that prepare good food with those that do not, gives strong support to Dr. Williams's opinion. No doubt, the fundamental cause of much eye trouble is nutritional, but the immediate causes are excess of close work and poor lighting conditions. " It is surprising what poor light most country children have to work by." Now, the natural environment of the human eye is " out-of-doors," where vision is set at infinity and the focussing mechanism is at rest. It was never the intention of Nature that close vision should be the rule. Evidently, accommodation for close work is an emergency, and prolonged focussing places an artificial strain on the power of the ciliary muscle. Once this is realised, enquiry into the length and lighting conditions of a pupil's working hours assumes the importance of a duty, and the value of open-air games, such as tennis, football, and cross-country running, as means of resting the eye acquires a new importance.

School Dental Service.

Cardiganshire provides for an annual medical examination of the secondary schools and, except for a specialist's examination of eye defects, there the matter

ends. One school, on the initiative of a gymnastic mistress, pays special attention to teeth, encouraging the pupils to visit private dentists. Consequently the teeth are good in this particular school. But in the other schools, even this much is not done. This means, of course, that much of the dental work done in the primary schools has been wasted by the secondary schools. Bearing in mind that the ages of 14, 15 and 16 are ages of growth requiring special material to make bone, and that bone has first call on food calcium, a careful look-out should be kept on the condition of the teeth, lest they lose their lime and, consequently, decay. Secondary school children are as deserving of help as are elementary school children. They pay for their education, or if they hold scholarships, the scholarship grants cover little more than tuition.

The school dental service only operates in the elementary schools. It is now in its seventh year. A comparison between two years' work shows how that work has increased in volume and changed in character.

						1932.	1937.
Patients treated	..	..	..	..	..	1,029	1,714
Attendances	..	..	..	..	..	1,215	2,610
Teeth extracted	..	..	..	..	..	2,864	4,047
Teeth filled	..	..	..	..	..	654	884

In reviewing the year's work, two facts present themselves. Firstly, the dislike for gas, noticed in the early years of the service, has largely disappeared, and secondly, the greater use of this anaesthetic has increased the number of teeth extracted out of proportion to the number filled. To have gas available in his clinic is a great advantage to a school dentist, especially when a patient is very young and has a number of septic teeth to be extracted. That the removal of septic teeth benefits the general health of children is noticeable in the schools in many ways, especially where the percentage of consents to operation is high, and is recognised by parents. But it is disappointing, at the end of seven years, to find that the percentage number of fillings has not increased. It means that few parents take great personal care of the teeth of their children, that all but a few leave the children to clean their own teeth, and very few look for early signs of dental decay.

On the other hand, it is commoner to find parents trying to obtain fresh Cardiganshire food for their families—milk, butter, eggs, cheese, vegetables and fruit. It is still true, however, that the amount of bread given to children is out of all proportion to these protective foods, and it is true, too, that it is given to young children between meals when the teeth should be clean and free from the soft, sour, tooth-eroding material it leaves behind. Cleaning teeth is so important a duty that it cannot be left to the children themselves. The parents should supervise daily. By so doing they will be certain that it is well done and they will be able to detect the first signs of dental decay.

School Buildings.

The chief improvements of the year were in playground reconstruction. In the northern part of the county seven were partly or wholly concreted :—Borth Council, Eglwysfach, Mynach, Ponterwyd, Tregaron Council, Lledrod, and Ysbyty Ystwyth.

In the south, nine received new surfaces of tarmacadam :—Cribyn, Felinfach, Capel Dewi, Capel Cynon, Penmorfa, Beulah, Cardigan Council, Llechryd, and Cwrtnewydd.

There still remains a large number too rough for any but the simplest and safest physical exercises. The worst are to be found at Ystumtuen, Elerch, St. Dogmells, Bettws Bledrws, Llanwenog, Dihewid, Llanon, Gartheli, and Tregaron N.P.

Other changes took the form of alterations to buildings to facilitate the cooking of mid-day meals. There has also been some conversion of out-of-date sanitary arrangements into water closets, and improvement of lighting.

To make easier the cooking of school meals, seven school buildings have been altered—Caerwedros, Tregroes, Penparc, Blaenau, Cwrtnewydd, Llanwnen, and Llanybi. At Borth, Eglwysfach, and Talybont the water-carriage system of sanitation has been introduced. Various other structural alterations have been carried out at twenty schools in the northern division and forty-seven in the southern.

Lighting.

Sunshine kills the germs of tuberculosis in a few hours and increases a child's resistance to disease by improving his physical condition. These are but two reasons why windows should be as large as possible. Yet there are school buildings still to be found in the county with very inadequate window space. The worst examples are—the infants' room at Ciliau Park, certain rooms at Llanarth, Trefilan, Trewen, Llanllwchaearn.

Drinking Water.

This is defective or wanting at Penllwyn, Penyparc, Cribyn, Dihewid, Caerwedros, Brongest, Penmorfa, Llanddewi Brefi, Penuwch, Pontrhydfendigaid, Strata Florida, and Gartheli.

Provision of Milk for School Children.

Under the Milk Marketing Board's Scheme, the Education Committee decided that the following grades of milk should be approved :—

Tuberculin Tested.
Pasteurised.
Accredited.

During the year milk was supplied in 17 schools to a total of 708 children. The arrangements were made by the headteachers and school managers ; no financial assistance is given by the Education Committee.

MEDICAL INSPECTION RETURNS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :

Entrants	..	..	..	..	..	..	..	934
Intermediates	..	..	..	..	..	..	..	909
Leavers	..	..	..	..	..	..	..	443
TOTAL								2,286

Number of Other Routine Inspections

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	90
Number of Re-Inspections	..	..	..	..	..	18
TOTAL						108

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1937.

DEFECT OR DISEASE.				Routine Inspections.		Special Inspections.	
				No. of Defects.		No. of Defects.	
				Requir- ing Treat- ment.	Requiring to be kept under observa- tion, but not requiring Treat- ment.	Requir- ing Treat- ment	Requiring to be kept under observa- tion, but not requiring Treat- ment.
Skin.	Ringworm :						
	Scalp	..	..	1	..	..	..
	Body	..	..	..	..	..	..
	Scabies	..	..	..	..	..	..
	Impetigo	..	..	3	..	1	..
Eye.	Other Diseases (Non-Tuberculous)			..	..	..	..
	Blepharitis	..	..	2	..	..	..
	Conjunctivitis	..	..	..	..	..	..
	Keratitis	..	..	..	..	..	..
	Corneal Opacities	..	..	..	..	..	..
	Defective Vision (excluding Squint)	..	..	224	..	33	..
	Squint	..	..	7	..	..	..
	Other Conditions	..	..	..	..	..	..
Ear.	Defective Hearing	..	..	5	..	..	..
	Otitis Media	..	..	3	..	1	..
	Other Ear Diseases	..	..	..	..	..	..

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION—*Continued.*

Nose and Throat.	{	Chronic Tonsillitis only	23	..	1	..
		Adenoids only	3	..	2	..
		Chronic Tonsillitis and Adenoids	154	..	4	..
		Other Conditions	4	..	..	..
Enlarged Cervical Glands (Non-Tuberculous) ..			1	..	..	..
Defective Speech			14	..	..	..
Heart and Circulation.	{	Heart Disease :				
		Organic	55	..	2	..
		Functional	1	..	..	..
		Anaemia	12	..	..	..
Lungs.	{	Bronchitis	30	..	..	..
		Other Non-Tuberculous Diseases	8	..	..	..
Tuberculosis.	{	Pulmonary :				
		Definite .. ..	..	..	2	..
		Suspected .. ..	..	51	..	6
		Non-Pulmonary :				
		Glands .. ..	..	..	..	..
		Bones and Joints .. ..	..	..	..	..
		Skin	2	..	..	..
		Other Forms	1	..	..	..
Nervous System.	{	Epilepsy .. ..	..	..	..	..
		Chorea .. ..	..	..	..	..
		Other Conditions	8	..	2	..
Deformities	{	Rickets .. ..	..	..	..	..
		Spinal Curvature	2	..	..	..
		Other Forms	8	..	1	..
Other Defects and Diseases			5	..	1	..
TOTAL			576	51	50	6

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
ENTRANTS. . .	934	480	51.39	353	37.79	99	10.59	2	0.21
SECOND AGE-GROUP ..	909	538	59.19	292	32.12	74	8.14	5	0.55
THIRD AGE-GROUP ..	443	342	77.20	91	20.50	10	2.30	..	..
OTHER ROUTINE INSPECTIONS. .	Nil.	..	..	..	..	..	..	..	..
TOTAL ..	2,286	1,360	59.49	736	32.20	183	8.01	7	0.31

**NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION
TO REQUIRE TREATMENT (EXCLUDING DEFECTS OF NUTRITION, UNCLEANLINESS
AND DENTAL DISEASES).**

GROUP.	For defective vision (excluding squint).	For all other conditions.	TOTAL.*
ENTRANTS	27	137	155
SECOND AGE GROUP	91	156	223
THIRD AGE GROUP	106	75	164
OTHER ROUTINE INSPECTIONS .. .. .	..	..	..
GRAND TOTAL	224	368	542

*No individual child has been counted more than once in any column of this Table; for example, a child suffering from defective vision and from adenoids appears once in Column 2, once in Column 3, and *once only* in Column 4. Similarly a child suffering from two defects other than defective vision appears only once in Column 3 and once in Column 4.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

In compiling the following return, the cases were classified in accordance with the definitions of the Board of Education, e.g., a **blind** child is a child who is too blind to be able to read the ordinary school books used by children; a **deaf** child is a child who is too deaf to be taught in a class of hearing children in an elementary school; **mentally** and **physically defective** children are children who, not being imbecile and not merely dull and backward, are defective, i.e., children who by reason of mental or physical defect are incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools; **epileptic** children are children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary public elementary schools. No individual case has been entered under more than one heading.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Case No.	Combination of defects.	Type of school attended.
1	Mentally defective and epileptic.	Public Elementary School.
2	Mentally defective and crippled.	do.

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
..	..	3	..	3

PARTIALLY-SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
..	..	2	..	..	2

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	1	..	..	3

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
..	..	1	..	..	1

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
..	29	..	..	29

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
..	3	..	..	3

A.—TUBERCULOUS CHILDREN.**I.—Children suffering from Pulmonary Tuberculosis.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	20	..	..	21

II.—Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	31	1	1	36

B.—DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
..	44	..	..	44

C.—CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
..	27	..	..	27

D.—CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
..	4	..	..	4

TREATMENT TABLES.**GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).**

Disease or Defect.						Number of Defects treated, or under treatment during the year.		
						Under the Authority's Scheme.	Other-wise.	Total.
SKIN :								
Ringworm—Scalp	..	..	..	..	..	1	..	1
Ringworm—Body	..	..	..	..	..	..	..	..
Scabies .. ..	..	..	..	..	..	..	..	..
Impetigo .. ..	..	..	..	..	..	4	..	4
Other Skin Disease	..	..	..	..	..	..	..	..
MINOR EYE DEFECTS (excluding cases falling in Group II)						2	..	2
MINOR EAR DEFECTS						9	..	9
MISCELLANEOUS						..	..	..
TOTAL						16	..	16

**GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS
TREATED AS MINOR AILMENTS—GROUP I.).**

Defect or Disease.	No. of defects dealt with.		
	Under the Authority's Scheme.	Other-wise.	Total.
Errors of Refraction (including Squint)	273	..	273
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) .. ..	..	..	..
TOTAL	273	..	273
Total number of children for whom spectacles were prescribed :—			
(a) Under the Authority's Scheme .. ..	..	..	202
(b) Otherwise .. ..	..	..	..
Total number of children who obtained or received spectacles :—			
(a) Under the Authority's scheme .. ..	..	..	55
(b) Otherwise .. ..	..	..	147
TOTAL ..	..	..	202

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
69	..	69	..	69

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme.	Otherwise.	Total.
Number of children treated..	32	..	32

DENTAL DEFECTS

(1) Number of children who were :—

(a) Inspected by the Dentist :

				Aged :		<div><div>5 .. 130</div><div>6 .. 160</div><div>7 .. 250</div><div>8 .. 283</div><div>9 .. 322</div><div>10 .. 327</div><div>11 .. 298</div><div>12 .. 299</div><div>13 .. 254</div><div>14 .. 70</div></div>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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Grand Total 2,422

(b) Found to require treatment	2,180
(c) Actually treated	1,714

DENTAL DEFECTS—Continued.

(2)	Half-days devoted to :—										
	Inspection	..	..	..	..	39	}	Total	..	..	451
	Treatment	..	..	..	..	412					
(3)	Attendances made by children for treatment							..	..	..	2,610
(4)	Fillings :										
	Permanent teeth	..	..	..	..	847	}	Total	..	..	884
	Temporary teeth	..	..	..	..	37					
(5)	Extractions :										
	Permanent teeth	..	..	..	..	1,025	}	Total	..	..	4,047
	Temporary teeth	..	..	..	..	3,022					
(6)	Administrations of anaesthetics for extractions :										
	General	..	..	..	..	647	}	Total	..	..	2,138
	Local	..	..	..	..	1,491					
(7)	Other operations :										
	Permanent teeth	..	..	..	..	29	}	Total	..	..	29
	Temporary teeth	..	..	..	..	..

UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	..	..	..	..	..	..	..	..	..	9
(ii) Number of individual children found unclean	..	..	..	..	..	..	..	..	..	746
(iii) Total number of examinations of children in the schools by School Nurses	..	..	..	..	..	..	..	..	..	35,278
(iv) Number of children cleansed under arrangements made by the Local Education Authority	..	..	..	..	..	..	..	..	..	..
(v) Number of cases in which legal proceedings were taken :—										
(a) Under the Education Act, 1921	..	..	..	..	..	..	..	..	..	Nil.
(b) Under School Attendance Byelaws	..	..	..	..	..	..	..	..	..	Nil.

SCHOOLS CLOSED FOR HEALTH REASONS.

Cause of Closure.							No. of Schools concerned.	No. of School days covered.
Measles	..	..	..	..	..	..	11	99
Whooping Cough	..	..	..	..	..	..	3	28
Influenza	..	..	..	..	..	..	7	57
Chicken Pox	..	..	..	..	..	..	3	30
TOTAL							24	214

LOW ATTENDANCE CERTIFICATES ISSUED.*

Cause of Low Attendance.							No. of Certificates issued.	No. of weeks covered.	No. of schools concerned
Mumps	..	..	..	..	..	..	1	1	1
Measles	..	..	..	..	..	..	7	12	6
Whooping Cough	..	..	..	..	..	..	7	14	4
Influenza	..	..	..	..	..	..	14	23	8
Chicken Pox	..	..	..	..	..	..	1	2	1
TOTAL							30	52	20

*These are issued when, on account of epidemic disease, the School Attendance falls, for a complete week, to below 60 per cent.

SECONDARY.

Number of Inspections :

Entrants	..	..	..	..	..	..	..	..	331
Leavers	..	..	..	..	..	..	..	..	235
TOTAL	..	..	..	..	..	..	..	..	566

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1937.

DEFECT OR DISEASE.						ROUTINE INSPECTIONS.	
						No. of Defects.	
						Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
Skin.	{	Ringworm :					
		Scalp	1	..			
		Body .. .. .	..	..	
		Scabies .. .. .	..	..	
		Impetigo .. .. .	..	..	
Other Diseases (Non-Tuberculous)
Eye.	{	Blepharitis	
		Conjunctivitis	
		Keratitis	
		Corneal Opacities	
		Defective Vision (excluding Squint)	70	..			
		Squint .. .. .	..	..	
		Other Conditions .. .. .	..	..	
Ear.	{	Defective Hearing	3	..			
		Otitis Media .. .. .	..	..	
		Other Ear Diseases .. .. .	..	..	
Nose and Throat.	{	Chronic Tonsillitis only	8	..			
		Adenoids only	1	..			
		Chronic Tonsillitis and Adenoids .. .. .	..	..	
		Other Conditions	1	..			
Enlarged Cervical Glands (Non-Tuberculous)
Defective Speech
Heart and Circulation.	{	Heart Disease :					
		Organic	6	..			
		Functional .. .. .	..	..	
Anaemia						2	..
Lungs.	{	Bronchitis	
		Other Non-Tuberculous Diseases .. .. .	..	..	

RETURN OF DEFECTS—*Continued.*

Tuberculosis.	Pulmonary :								
	Definite .. .. .	..	..	..	..	..	9	..	..
	Suspected .. .. .	..	..	..	..	..	..	..	..
	Non-Pulmonary :								
	Glands .. .. .	..	..	..	..	..	..	..	..
	Bones and Joints .. .. .	..	..	..	..	..	..	..	..
Nervous System	Skin .. .. .	..	..	..	..	..	..	..	..
	Other Forms .. .. .	..	..	..	..	..	..	..	..
Deformities.	Epilepsy .. .. .	..	..	..	..	..	..	..	..
	Chorea .. .. .	..	..	..	..	..	..	..	..
	Other Conditions .. .. .	..	..	..	..	..	..	..	..
Other Defects and Diseases	Rickets .. .. .	..	..	..	..	..	..	..	..
	Spinal Curvature .. .. .	..	..	..	..	..	4	..	..
	Other Forms .. .. .	..	..	..	..	..	5	..	..
TOTAL							110	..	..

CLASSIFICATION OF THE NUTRITION OF PUPILS INSPECTED DURING THE YEAR.

Age-groups.	Number of Pupils Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
ENTRANTS	331	249	75.22	66	19.94	15	4.53	1	0.03
LEAVERS	235	190	80.86	40	17.02	5	2.12	..	..
OTHER ROUTINE INSPECTIONS ..	Nil.	..	..	..	..	..	..	..	..
TOTAL ..	566	439	77.55	106	18.72	20	3.53	1	0.02

CHILDREN FOUND TO REQUIRE TREATMENT.

Number of Individual Children found at Routine Medical Inspection to require Treatment
(excluding defects of Nutrition, Uncleanliness and Dental Diseases).

GROUP.						For defective vision (excluding squint).	For all other conditions.	Total.*
ENTRANTS .. .. .	..	..	..	..	..	54	31	80
LEAVERS .. .. .	..	..	..	..	..	16	11	25
TOTAL .. .. .	..	..	..	..	..	70	42	105

*No individual pupil has been counted more than once in any column of this Table; for example, a pupil suffering from defective vision and from adenoids appears once in Column 2, once in Column 3, and *once only* in Column 4. Similarly, a pupil suffering from two defects other than defective vision appears once only in Column 3 and once in Column 4.

ORTHOPAEDIC AND POSTURAL DEFECTS.

SECONDARY.

	Under the Authority's Scheme.	Otherwise.	Total.
Number of pupils treated	Nil.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

DISEASE OR DEFECT.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN :			
Ringworm—Scalp	1	..	1
Ringworm—Body .. ..	..	..	..
Scabies .. ..	..	..	..
Impetigo .. ..	..	..	..
Other Skin Diseases .. ..	..	..	..
MINOR EYE DEFECTS (excluding cases falling in Group II) .. ..	..	..	..
MINOR EAR DEFECTS .. ..	..	..	..
MISCELLANEOUS .. ..	..	..	..
TOTAL	1	..	1

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

DEFECT OR DISEASE.	NUMBER OF DEFECTS DEALT WITH.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint)	65	..	65
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) .. ..	..	..	..
TOTAL	65	..	.. 65

Total number of pupils for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	48
(b) Otherwise .. ..	..

Total number of pupils who obtained or received spectacles :—

(a) Under the Authority's Scheme	6
(b) Otherwise	42

TOTAL 48

oo

ABERYSTWYTH :

CAMBRIAN NEWS, LTD.

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